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Chronic Conditions Warehouse Virtual Research Data Center

CODEBOOK: Medicare Plan characteristics

OCTOBER 2024 | VERSION 1.6

Revision Log

Date	Changed by	Revisions	Version
October 2024	K. Schneider	<ul style="list-style-type: none"> Updated plan base file to indicate the FIDE_SNP field is retired and the DSNP_ZERODOLLAR field is moved to the SNP contract file in the 2023 file Added new variables to the SNP contract file: AIP_INDICATOR, DSNP_INTEGRATION_LEVEL, and DSNP_ZERODOLLAR (the latter is moved from the plan base file) Added new CONTRACT_ID, PLAN_ID and PTDC_INDICATOR variables to the plan crosswalk file for 2022 and 2023 reference years (and corresponding previous years) 	1.6
October 2022	K. Schneider	<ul style="list-style-type: none"> Added a value to accommodate the seven-tier to the DED_COSTSHARE_TIERS and TIER_ID fields Added new CONTRACT_ID, PLAN_ID and PTDC_INDICATOR variables to the plan crosswalk file for 2020 and 2021 reference years (and corresponding previous years) 	1.5
October 2021	S. Pietzsch	Added the new variable — STATE_ABBRV to the service area file	1.4
December 2020	K. Schneider	<ul style="list-style-type: none"> Clarified SNP_PERCENTAGE_TYPE in the SNP contract file is not available after 2017 Added new variables to plan crosswalk file: CONTRACT_ID_18 (previous year) CONTRACT_ID_19 (reference year) PLAN_ID_18 (previous year) PLAN_ID_19 (reference year) PTCD_INDICATOR_19 	1.3
October 2019	K. Schneider	<ul style="list-style-type: none"> Edit to Plan base file: Updated DED_COSTSHARE_TIERS value descriptions Updated field length in the Tier file for PRE_ICL_TIER_DRUG_TYPE, GAP_TIER_DRUG_TYPE, and POST_OOPT_TIER_DRUG_TYPE Added new variables to plan crosswalk file: CONTRACT_ID_17 (previous year) CONTRACT_ID_18 (reference year) PLAN_ID_17 (previous year) PLAN_ID_18 (reference year) PTCD_INDICATOR_18 	1.2
October 2018	K. Schneider C. Alleman	Added new variables: Base file: DSNP_ZERODOLLAR Plan crosswalk file: PTCD_INDICATOR_17 CONTRACT_ID_17 (reference year) PLAN_ID_17 (reference year) CONTRACT_ID_16 (previous year) PLAN_ID_16 (previous year)	1.1

Date	Changed by	Revisions	Version
May 2018	K. Schneider C. Alleman	Created initial document	1.0

Tips on Navigating the Codebook

This document is a detailed codebook that describes each variable in the Medicare Plan characteristics files. Because the files have such many variables, CCW include several ways for analysts to quickly find the information they need.

- A complete listing of all file variables 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, notes on how the variable was constructed and should be used are discussed.

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

Table of Contents

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

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Variable Details

This section of the Codebook contains one entry for each variable in the Plan characteristics file. Each entry contains variable details to facilitate the understanding and use of the variables.

AIP_INDICATOR

LABEL: Applicable Integrated Plan Indicator

DESCRIPTION: Indicates whether a dual eligible special needs plan (D-SNP) is an Applicable Integrated Plan (AIP).

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: Y = Yes (D-SNP AIP plan)
N = No (D-SNP is not an AIP plan)
9 = Not Applicable

COMMENT: This variable is new in 2023.

The Bipartisan Budget Act (BBA) of 2018 permanently authorized Medicare Advantage dual-eligible special needs plans (D-SNPs), strengthened Medicare-Medicaid integration requirements. All D-SNPs must have executed contracts with state Medicaid agencies, referred to as the State Medicaid Agency Contract (SMAC) or MIPPA contract, that meet several requirements, including Medicare-Medicaid integration requirements. Additional details regarding D-SNPs is available on the CMS website, for example: <https://www.cms.gov/medicare/medicaid-coordination/about/dsnps>

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

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BELOW_BENCHMARK

LABEL:	Indicates Whether Part D Plan Offered Basic Plan with Premium Below Benchmark
DESCRIPTION:	Indicates whether the plan benefit package is a stand-alone Prescription Drug Plan (PDP) that offers a basic benefit with a premium below the regional benchmark or de minimis amount. A beneficiary with a full (100%) low-income premium subsidy (LIPS) would pay no premium for this plan.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	D = Below De minimis Amount (NOTE: starting in 2011, this value was retired and was combined with "B") B = Below Regional Benchmark (2011 forward this may also mean below de minimis amount) N = No 9 = Not Applicable
COMMENT:	<p>The Part D premium benchmarks vary by region. The de minimis amount is \$2.00.</p> <p>Reference the DEMINIMIS_PD_FLAG variable in the data dictionary for the plan base file.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p> <p>Provisions in the Patient Protection and Affordable Care Act of 2010 (ACA) changed the way benchmarks are calculated to improve continuity of Part D plan enrollment for LIS beneficiaries. Refer to the CMS Medicare Prescription Drug Benefit Manual for additional details (reference http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals.html).</p>

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CONDITION_CATEGORY_01

LABEL: Special Needs Plan (SNP) — Condition Category 01 (Chronic Alcohol and Other Drug Dependence)

DESCRIPTION: This variable identifies special needs plans (SNP) for Chronic Alcohol and Other Drug Dependence (Condition Category 01).

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: N = Not a SNP for this Condition Category
Y = SNP for this Condition Category

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_02

LABEL:	Special Needs Plan (SNP) — Condition Category 02 (Auto-immune Disorders)
DESCRIPTION:	This variable identifies special needs plans (SNP) for Auto-immune Disorders (Condition Category 02).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_03

LABEL:	Special Needs Plan (SNP) — Condition Category 03 (Cancer)
DESCRIPTION:	This variable identifies special needs plans (SNP) for cancer, excluding pre-cancer conditions, or in-situ status (Condition Category 03).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_04

LABEL:	Special Needs Plan (SNP) — Condition Category 04 (Cardiovascular Disorders)
DESCRIPTION:	This variable identifies special needs plans (SNP) for cardiovascular disorders (Condition Category 04).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_05

LABEL:	Special Needs Plan (SNP) — Condition Category 05 (Chronic Heart Failure)
DESCRIPTION:	This variable identifies special needs plans (SNP) for chronic heart failure (Condition Category 05).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_06

LABEL:	Special Needs Plan (SNP) — Condition Category 06 (Dementia)
DESCRIPTION:	This variable identifies special needs plans (SNP) for dementia (Condition Category 06).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_07

LABEL: Special Needs Plan (SNP) — Condition Category 07 (Diabetes)

DESCRIPTION: This variable identifies special needs plans (SNP) for diabetes mellitus (Condition Category 07).

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: N = Not a SNP for this Condition Category
Y = SNP for this Condition Category

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_08

LABEL:	Special Needs Plan (SNP) — Condition Category 08 (End-Stage Liver Disease)
DESCRIPTION:	This variable identifies special needs plans (SNP) for end-stage liver disease (Condition Category 08).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_09

LABEL:	Special Needs Plan (SNP) — Condition Category 09 (End-Stage Renal Disease)
DESCRIPTION:	This variable identifies special needs plans (SNP) for end-stage renal disease Requiring Any Mode of Dialysis (Condition Category 09).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_10

LABEL:	Special Needs Plan (SNP) — Condition Category 10 (Severe Hematologic Disorders)
DESCRIPTION:	This variable identifies special needs plans (SNP) for severe hematologic disorders (Condition Category 10).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_11

LABEL:	Special Needs Plan (SNP) — Condition Category 11 (HIV/AIDS)
DESCRIPTION:	This variable identifies special needs plans (SNP) for HIV/AIDS (Condition Category 11).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_12

LABEL:	Special Needs Plan (SNP) — Condition Category 12 (Chronic Lung Disorders)
DESCRIPTION:	This variable identifies special needs plans (SNP) for chronic lung disorders (Condition Category 12).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_13

LABEL:	Special Needs Plan (SNP) — Condition Category 13 (Chronic and Disabling Mental Health Conditions)
DESCRIPTION:	This variable identifies special needs plans (SNP) for chronic and disabling mental health conditions (Condition Category 13).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_14

LABEL:	Special Needs Plan (SNP) — Condition Category 14 (Neurologic Disorders)
DESCRIPTION:	This variable identifies special needs plans (SNP) for neurologic disorders (Condition Category 14).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_15

LABEL:	Special Needs Plan (SNP) — Condition Category 15 (Stroke)
DESCRIPTION:	This variable identifies special needs plans (SNP) for stroke (Condition Category 15).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_16

LABEL:	Special Needs Plan (SNP) — Condition Category 16 (Cardiovascular Disorders and/or Chronic Heart Failure)
DESCRIPTION:	This variable identifies special needs plans (SNP) for cardiovascular disorders and/or chronic heart failure (Condition Category 16).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_17

LABEL: Special Needs Plan (SNP) — Condition Category 17 (Cardiovascular Disorders and/or Diabetes)

DESCRIPTION: This variable identifies special needs plans (SNP) for cardiovascular disorders and/or diabetes (Condition Category 17).

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: N = Not a SNP for this Condition Category
Y = SNP for this Condition Category

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_18

LABEL:	Special Needs Plan (SNP) — Condition Category 18 (Chronic Heart Failure and/or Diabetes)
DESCRIPTION:	This variable identifies special needs plans (SNP) for chronic heart failure and/or diabetes (Condition Category 18).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_19

LABEL:	Special Needs Plan (SNP) — Condition Category 19 (Cardiovascular Disorders, Chronic Heart Failure, and/or Diabetes)
DESCRIPTION:	This variable identifies special needs plans (SNP) for cardiovascular disorders, chronic heart failure, and/or diabetes (Condition Category 19).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONDITION_CATEGORY_20

LABEL:	Special Needs Plan (SNP) — Condition Category 20 (Cardiovascular Disorders and/or Stroke)
DESCRIPTION:	This variable identifies special needs plans (SNP) for cardiovascular disorders and/or stroke (Condition Category 20).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	N = Not a SNP for this Condition Category Y = SNP for this Condition Category
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Only SNP plans are included in this file (i.e., there are no blank/missing values for this field).

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CONTRACT_ID

LABEL: Contract Identifier

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS.

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID) to identify the specific plan benefit package offered to beneficiaries.

This variable corresponds with the CONTRACT_NAME variable, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_14 (previous year)

LABEL: Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2014. It may or may not be the same as the contract ID in the reference year (2015).

This field is a key that links plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_14) to the CONTRACT_ID_15 (and PLAN_ID_15).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_15 (previous year)

LABEL: Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2015. It may or may not be the same as the contract ID in the reference year (2016).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_15) to the CONTRACT_ID_16 (and PLAN_ID_16).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_15 (reference year)

LABEL: Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2015 (the reference year). It may or may not be the same as the contract ID in the previous year (2014).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: All contract and plan ID that were active in 2015 appear in this data file. To determine whether the contract and plan IDs in the data file represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_15) to the CONTRACT_ID_14 (and PLAN_ID_14).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_16 (previous year)

LABEL: Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2016. It may or may not be the same as the contract ID in the reference year (2017).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_16) to the CONTRACT_ID_17 (and PLAN_ID_17).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_16 (reference year)

LABEL: Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2016 (the reference year). It may or may not be the same as the contract ID in the previous year (2015).

This field is a key that links of the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: All contract and plan ID that were active in 2016 appear in this data file. To determine whether the contract and plan IDs in the data file represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_16) to the CONTRACT_ID_15 (and PLAN_ID_15).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_17 (previous year)

LABEL: Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2017. It may or may not be the same as the contract ID in the reference year (2018).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_17) to the CONTRACT_ID_18 (and PLAN_ID_18).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_17 (reference year)

LABEL: Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2017 (the reference year). It may or may not be the same as the contract ID in the previous year (2016).

This field is a key that links of the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: All contract and plan ID that were active in 2017 appear in this data file. To determine whether the contract and plan IDs in the data file represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_17) to the CONTRACT_ID_16 (and PLAN_ID_16).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_18 (previous year)

LABEL: Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2018. It may or may not be the same as the contract ID in the reference year (2019).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_18) to the CONTRACT_ID_19 (and PLAN_ID_19).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_18 (reference year)

LABEL: Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2018 (the reference year). It may or may not be the same as the contract ID in the previous year (2017).

This field is a key that links of the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: All contract and plan ID that were active in 2018 appear in this data file. To determine whether the contract and plan IDs in the data file represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_18) to the CONTRACT_ID_17 (and PLAN_ID_17).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_19 (previous year)

LABEL: Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2019. It may or may not be the same as the contract ID in the reference year (2020).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_19) to the CONTRACT_ID_20 (and PLAN_ID_20).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_19 (reference year)

LABEL: Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2019 (the reference year). It may or may not be the same as the contract ID in the previous year (2018).

This field is a key that links of the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: All contract and plan ID that were active in 2019 appear in this data file. To determine whether the contract and plan IDs in the data file represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_19) to the CONTRACT_ID_18 (and PLAN_ID_18).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_20 (previous year)

LABEL: Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2020. It may or may not be the same as the contract ID in the reference year (2021).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_20) to the CONTRACT_ID_21 (and PLAN_ID_21).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_20 (reference year)

LABEL: Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2020 (the reference year). It may or may not be the same as the contract ID in the previous year (2019).

This field is a key that links of the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS Files)

VALUES: Five-digit alpha/numeric value

COMMENT: All contract and plan ID that were active in 2020 appear in this data file. To determine whether the contract and plan IDs in the data file represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_20) to the CONTRACT_ID_19 (and PLAN_ID_19).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base File for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_21 (previous year)

LABEL: Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2021. It may or may not be the same as the contract ID in the reference year (2022).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: 5-digit alpha/numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_21) to the CONTRACT_ID_22 (and PLAN_ID_22).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_21 (reference year)

LABEL: Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2021 (the reference year). It may or may not be the same as the contract ID in the previous year (2020).

This field is a key that links of the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: All contract and plan ID that were active in 2021 appear in this data file. To determine whether the contract and plan IDs in the data file represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_21) to the CONTRACT_ID_20 (and PLAN_ID_20).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_22 (previous year)

LABEL: Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2022. It may or may not be the same as the contract ID in the reference year (2023).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_22) to the CONTRACT_ID_23 (and PLAN_ID_23).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_22 (reference year)

LABEL: Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2022 (the reference year). It may or may not be the same as the contract ID in the previous year (2021).

This field is a key that links of the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: All contract and plan ID that were active in 2022 appear in this data file. To determine whether the contract and plan IDs in the data file represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_22) to the CONTRACT_ID_21 (and PLAN_ID_21).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_23 (reference year)

LABEL: Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a plan has with CMS. This was the contract ID for the plan in 2023 (the reference year). It may or may not be the same as the contract ID in the previous year (2022).

This field is a key that links of the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: Five-digit alpha/numeric value

COMMENT: All contract and plan ID that were active in 2023 appear in this data file. To determine whether the contract and plan IDs in the data file represent the same plan in the prior year, compare this variable (along with the corresponding PLAN_ID_23) to the CONTRACT_ID_22 (and PLAN_ID_22).

You need to know both the contract number and plan benefit package identification number (variable called PLAN_ID_YY) to identify the specific plan benefit package offered to beneficiaries for the particular year (YY).

This variable corresponds with the CONTRACT_NAME variable in the plan base file for the year, which is the contract name that corresponds with this number.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_NAME

LABEL: Contract Name

DESCRIPTION: This variable is the name of the plan sponsor's contract with CMS.

TYPE: CHAR

LENGTH: 150

SOURCE: CMS (HPMS files)

VALUES: text description

COMMENT: This is the name associated with the contract number (CONTRACT_ID).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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COUNTY_NAME

LABEL: Segment County Name

DESCRIPTION: Name of county in which the plan benefit package (segment) provides coverage.

TYPE: CHAR

LENGTH: 35

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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COV_CRITERIA

LABEL:	Coverage Criteria (Part A/B or B only Requirement)
DESCRIPTION:	<p>This variable indicates whether the requirement that beneficiaries be entitled to Medicare Part A is waived.</p> <p>The value will indicate whether beneficiaries with only Part B entitlement may enroll in the plan benefit package.</p>
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	<p>1 = Part A/B (no waiver of Part A requirement)</p> <p>2 = Part B Only</p> <p>9 = Not Applicable</p>
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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DED_AMT

LABEL: Part D plan Deductible Amount

DESCRIPTION: This variable is the dollar amount of Part D deductible charged by the plan.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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DED_APPLY

LABEL: How Part D Deductible is Applied

DESCRIPTION: This variable indicates whether the plan charges the Medicare-defined Part D deductible amount.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: 1 = Medicare-Defined Amount
2 = Plan-Defined Amount
3 = No Deductible

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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DED_APPLY_ALL

LABEL:	Type of Cost Sharing in the Part D plan Deductible Phase
DESCRIPTION:	This variable indicates whether there is cost sharing on any tiers in the deductible phase and, if so, whether the part D plan uses the same cost sharing in the deductible phase as in the pre-ICL phase or if some other unspecified cost sharing is applied.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	1 = No Cost Sharing 2 = Pre ICL-Cost Sharing Applies to Selected Tiers 9 = Not Applicable
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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DED_COINS

LABEL:	Part D plan Deductible Phase Coinsurance Percentage
DESCRIPTION:	This variable is the coinsurance percentage beneficiaries are charged by the plan for enhanced alternative plans that offer cost sharing during the deductible phase.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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DED_COPAY

LABEL: Part D Deductible Phase Co-pay Amount

DESCRIPTION: This variable is the dollar amount of Part D beneficiary co-payment charged by enhanced alternative plans that offer cost sharing during the deductible phase.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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DED_COSTSHARE_TIERS

LABEL: Tiers with Cost Sharing in the Part D Deductible Phase

DESCRIPTION: This variable identifies which formulary tiers require beneficiary cost sharing during the Part D deductible phase.

The value contains a string of binary digits; each digit of the value indicates which tiers are on the formulary.

TYPE: CHAR

LENGTH: 7

SOURCE: CMS (HPMS files)

VALUES: Binary character string, where each digit is a 1 or 0, to accommodate each tier. Each position of the character string represents a tier. For example, if the value=0011000 (1s in the 3rd and 4th digits), then cost-sharing applies to the 1st and 2nd tiers of the formulary.

1 in 1st digit = Tier 7

1 in 2nd digit = Tier 1

1 in 3rd digit = Tier 2

1 in 4th digit = Tier 3

1 in 5th digit = Tier 4

1 in 6th digit = Tier 5

1 in 7th digit = Tier 6

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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DEMINIMIS_PD_FLAG

LABEL: Part D Demin mis Paid Flag

DESCRIPTION: If beneficiaries who are eligible for Medicare and Medicaid (often called full benefit dual eligibles) enroll in Part D plans with premiums higher than the regional benchmark, they are responsible for paying the premium amount above the benchmark. The benchmark is a statutorily defined amount that is based on the average premium amounts for Part D plans for each region (varies by year).

This variable indicates whether the Part D sponsor has voluntarily waived the portion of the monthly adjusted basic beneficiary premium that is a de minimis amount above the low-income subsidy (LIS) premium benchmark for subsidy-eligible individuals.

LIS individuals who enroll in plans that waive the de minimis premium amount are charged a monthly beneficiary premium for basic prescription drug coverage rather than for the higher de minimis amount (i.e., full benefit dual eligible beneficiaries have a full premium subsidy and would essentially have \$0 premium payment).

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: Y = Yes
N = No
9 = Not Applicable

COMMENT: The Part D premium benchmarks vary by region. The de minimis amount is \$2.00.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Provisions in the Patient Protection and Affordable Care Act of 2010 (ACA) changed the way benchmarks are calculated to improve continuity of Part D plan enrollment for LIS beneficiaries. Refer to the CMS Medicare Prescription Drug Benefit Manual for additional details (reference <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals.html>)

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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DEMO_TYPE

LABEL: Demonstration Type

DESCRIPTION: This variable identifies whether the organization's contract is for a demonstration.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: 0 = Non-demonstration
1 = Demonstration

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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DRUG_BENEFIT_TYPE

LABEL: Part D Drug Benefit Type

DESCRIPTION: Indicates the type of Part D benefit structure used by the plan benefit package (Defined Standard, Actuarially Equivalent, Basic Alternative, or Enhanced Alternative).

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES:

- 0 = No Benefit plan Information (e.g., PACE and employer plans)
- 1 = Defined Standard benefit
- 2 = Actuarially Equivalent Standard
- 3 = Basic Alternative
- 4 = Enhanced Alternative
- 9 = Part C only plan (no Part D benefit)

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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DSNP_INTEGRATION_LEVEL

LABEL:	D-SNP integration level with FIDE/HIDE/CO values
DESCRIPTION:	Identifies the integration level of the D-SNP as Fully Integrated (FIDE), Highly Integrated (HIDE), or CO (Coordination Only)
TYPE:	CHAR
LENGTH:	10
SOURCE:	CMS (HPMS files)
VALUES:	CO = Coordination Only FIDE = Fully Integrated HIDE = Highly Integrated Null/missing (not a D-SNP plan)
COMMENT:	This variable is new in 2023.

The Bipartisan Budget Act (BBA) of 2018 permanently authorized Medicare Advantage Dual Eligible Special Needs plans (D-SNPs), strengthened Medicare-Medicaid integration requirements. All D-SNPs must have executed contracts with state Medicaid agencies, referred to as the State Medicaid Agency Contract (SMAC) or MIPPA contract, that meet several requirements, including Medicare-Medicaid integration requirements. Additional details regarding D-SNPs is available on the CMS website, for example: <https://www.cms.gov/medicare/medicaid-coordination/about/dsnps>

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank (Null/missing).

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DSNP_ZERODOLLAR

LABEL:	Medicare Zero-Dollar Cost Sharing D-SNP plan
DESCRIPTION:	Indicates if a Dual Eligible Special Needs plan (D-SNP) is a Medicare Zero-Dollar Cost Sharing D-SNP plan.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes (Medicare zero-dollar cost sharing plan) N = No (Medicare non-zero-dollar cost sharing plan) 9 = Not Applicable (not a D-SNP plan; value retired in 2023) Null/missing (not a D-SNP plan)
COMMENT:	This variable is new in 2017. It was included in the plan base file from 2017–2022; starting with the 2023 file, this field is moved to the SNP contract file.

The Bipartisan Budget Act (BBA) of 2018 permanently authorized Medicare Advantage dual-eligible special needs plans (D-SNPs), strengthened Medicare-Medicaid integration requirements. All D-SNPs must have executed contracts with state Medicaid agencies, referred to as the State Medicaid Agency Contract (SMAC) or MIPPA contract, that meet several requirements, including Medicare-Medicaid integration requirements. Additional details regarding D-SNPs is available on the CMS website, for example: <https://www.cms.gov/medicare/medicaid-coordination/about/dsnps>

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank (null/missing).

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EFFECTIVE_DATE

LABEL: Plan Effective Date

DESCRIPTION: This variable is the date the Part D plan sponsor began offering the particular plan benefit package.

TYPE: CHAR

LENGTH: 10

SOURCE: CMS (HPMS files)

VALUES: date

COMMENT: This is the date the contract (CONTRACT_ID) and benefit package number (PLAN_ID) was first offered.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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EGHP_CALENDAR_YEAR_FLAG

LABEL:	Employer Group Health Plan (EGHP) Calendar Year Indicator
DESCRIPTION:	This variable indicates whether an employer group health plan (EGHP) is defined using a calendar year or non-calendar year.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes (calendar year) N = No 9 = Not Applicable
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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EGWP_INDICATOR

LABEL: Employer Group Waiver Plan (EGWP) Indicator

DESCRIPTION: This variable indicates whether the plan benefit package is an employer group waiver plan (EGWP).

EGWP plans are not open to general enrollment but rather are offered to beneficiaries through an employer group.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: Y = Yes
N = No

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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EXCLUDED_DRUGS

LABEL: Indicates Whether Part D Plan Covers Excluded Drugs

DESCRIPTION: This variable indicates whether any excluded drugs are part of the Part D plan's supplemental coverage (e.g., benzodiazepines, barbiturates).

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: Y = Yes
N = No
9 = Not Applicable

COMMENT: This variable applies to Enhanced Alternative plans ONLY.

If EXCLUDED_DRUGS='Y' then the FORMULARY_ID for this plan will have entries in the excluded drug file in the Formulary characteristics file.

However, there may be other plans with the same FORMULARY_ID that do not cover excluded drugs (these are distinguished by the CONTRACT_ID, PLAN_ID and FORMULARY_ID).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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EXCLUDED_TIER_GAP

LABEL:	Indicates Whether Excluded Drugs are Covered on this Tier in the Gap Phase
DESCRIPTION:	For Enhanced Alternative plans that cover excluded drugs as a supplemental benefit, this variable Indicates whether the Part D plan provides coverage on this tier during the coverage gap phase.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No X = Unknown
COMMENT:	<p>The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p>

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EXCLUDED_TIER_PRE_ICL

LABEL:	Indicates Whether Excluded Drugs are Covered on this Tier in the Pre ICL-Phase
DESCRIPTION:	For Enhanced Alternative plans that cover excluded drugs as a supplemental benefit, this variable Indicates whether the Part D plan provides coverage on this tier during the pre-initial coverage limit (ICL) phase.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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FIDE_SNP

LABEL: Fully Integrated Dual Eligible (FIDE) SNP

DESCRIPTION: Indicates if a Dual Eligible Special Needs plan (D-SNP) is a Fully Integrated Dual Eligible (FIDE) SNP.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: Y = Yes
N = No
9 = Not Applicable

COMMENT: This field is retired in 2023 and no longer appears in the plan base file. The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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FORMULARY_ID

LABEL: Part D Formulary Identifier

DESCRIPTION: This variable is the unique identification number assigned to each formulary. Part D plans submit their formularies to CMS and identify the drug products that are covered using the National Library of Medicine's RxNorm Concept Unique Identifiers (RXCUIs).

This field is a key that links of Part D sponsor's formulary file to their contract and plan identifiers.

TYPE: CHAR

LENGTH: 8

SOURCE: CMS (HPMS files)

VALUES: 8-digit numeric value

COMMENT: The same formulary may be used by more than one plan benefit package (PBP; variable called PLAN_ID) within a contract.

The CCW constructs a Formulary characteristics file from the CMS Approved Formulary Data found in the CMS's Health Plan Management System (HPMS).

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FREE_FIRST_FILL

LABEL: Indicates Whether Part D Plan Offers Free First Prescription Fill

DESCRIPTION: This variable indicates whether the Part D plan offers a free first fill (i.e. \$0 copayment) to the beneficiary for any drugs.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: Y = Yes
N = No
9 = Not Applicable

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_COSTSHARE_TYPE

LABEL: Gap Cost Share Type

DESCRIPTION: This variable indicates the type of cost sharing drugs on the tier are subject to in the coverage gap phase, which may include copayment, co-insurance, or the greater/lesser of the two.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: 1 = Coinsurance
2 = Copayment

COMMENT: This variable applies only to enhanced plans with gap coverage. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_INNPP_1M

LABEL: Gap Split Network Standard Retail — number of days in 1 month supply

DESCRIPTION: This variable identifies the number of days in a one-month supply of a drug on this tier, when using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_INNPP_2M

LABEL: Gap Split Network Standard Retail — Number of Days in Two-Month Supply

DESCRIPTION: This variable identifies the number of days in a two-month supply of a drug on this tier, when using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_INNPP_3M

LABEL: Gap Split Network Standard Retail — Number of Days in Three-Month Supply

DESCRIPTION: This variable identifies the number of days in a three-month supply of a drug on this tier, when using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_INP_1M

LABEL:	Gap Standard Retail — number of days in 1 month supply
DESCRIPTION:	This variable identifies the number of days in a one-month supply of a drug on this tier, when using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_INP_2M

LABEL: Gap Standard Retail — Number of Days in Two-Month Supply

DESCRIPTION: This variable identifies the number of days in a two-month supply of a drug on this tier, when using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_INP_3M

LABEL: Gap Standard Retail — Number of Days in Three-Month Supply

DESCRIPTION: This variable identifies the number of days in a three-month supply of a drug on this tier, when using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_INPP_1M

LABEL: Gap Split Network Preferred — number of days in 1 month supply

DESCRIPTION: This variable identifies the number of days in a one-month supply of a drug on this tier, when using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_INPP_2M

LABEL:	Gap Split Network Preferred — Number of Days in Two-Month Supply
DESCRIPTION:	This variable identifies the number of days in a two-month supply of a drug on this tier, when using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_INPP_3M

LABEL: Gap Split Network Preferred — Number of Days in Three-Month Supply

DESCRIPTION: This variable identifies the number of days in a three-month supply of a drug on this tier, when using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_LTCP_1M

LABEL:	Gap Long Term Care Pharmacy — days in 1 month supply
DESCRIPTION:	This variable identifies the number of days in a one-month supply of a drug on this tier, when using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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GAP_DAYS_MO_1M

LABEL:	Gap Standard Mail Order — number of days in 1 month supply
DESCRIPTION:	This variable identifies the number of days in a one-month supply of a drug on this tier, when using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_MO_2M

LABEL: Gap Standard Mail Order — Number of Days in Two-Month Supply

DESCRIPTION: This variable identifies the number of days in a two-month supply of a drug on this tier, when using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_MO_3M

LABEL: Gap Standard Mail Order — Number of Days in Three-Month Supply

DESCRIPTION: This variable identifies the number of days in a three-month supply of a drug on this tier, when using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_MONPP_1M

LABEL: Gap Split Network Standard Mail Order — number of days in 1 month supply

DESCRIPTION: This variable identifies the number of days in a one-month supply of a drug on this tier, when using mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_MONPP_2M

LABEL: Gap Split Network Standard Mail Order — Number of Days in Two-Month Supply

DESCRIPTION: This variable identifies the number of days in a two-month supply of a drug on this tier, when using mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_MONPP_3M

LABEL:	Gap Split Network Standard Mail Order — Number of Days in Three-Month Supply
DESCRIPTION:	This variable identifies the number of days in a three-month supply of a drug on this tier, when using mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_DAYS_MOPP_1M

LABEL:	Gap Split Network Preferred Mail Order — number of days in 1 month supply
DESCRIPTION:	This variable identifies the number of days in a one-month supply of a drug on this tier, when using mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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GAP_DAYS_MOPP_2M

LABEL:	Gap Split Network Preferred Mail Order — Number of Days in Two-Month Supply
DESCRIPTION:	This variable identifies the number of days in a two-month supply of a drug on this tier, when using mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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GAP_DAYS_MOPP_3M

LABEL:	Gap Split Network Preferred Mail Order — Number of Days in Three-Month Supply
DESCRIPTION:	This variable identifies the number of days in a three-month supply of a drug on this tier, when using mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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GAP_DAYS_OONP_1M

LABEL:	Gap Out-of-Network Pharmacy — days in 1 month supply
DESCRIPTION:	This variable identifies the number of days in a one-month supply of a drug on this tier, when using an out-of-network pharmacy (OONP) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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GAP_DAYS_OONP_OS

LABEL: Gap Out-of-Network Pharmacy — days in other day supply

DESCRIPTION: This variable identifies the number of days in another days' supply of the drugs (other than 1 or 3 months) on this tier, when using an out-of-network pharmacy (OONP) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INNPP_COINS_1M

LABEL:	Gap Coinsurance Split Network Standard Retail — One-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INNPP_COPAY_1M).</p>

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INNPP_COINS_2M

LABEL:	Gap Coinsurance Split Network Standard Retail — Two-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a two-month supply of the drugs on this tier, using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INNPP_COPAY_2M).</p>

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INNPP_COINS_3M

LABEL:	Gap Coinsurance Split Network Standard Retail — Three-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a three-month supply of the drugs on this tier, using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INNPP_COPAY_3M).</p>

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INNPP_COINS_AVG_1M

LABEL: Gap Average Expected Cost Sharing — Split Network Standard Retail Coinsurance One Month

DESCRIPTION: This variable identifies the average expected cost-sharing amount in dollars for beneficiary co-insurance for a one-month supply of the drugs on this tier, using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

CMS instructed plans to calculate this amount by including the average expected cost-sharing amount in dollars that a beneficiary would be expected to pay at a network retail pharmacy for a one-month supply of drugs. This estimate should be based on available plan data (such as the most current 6 months of PDE data) for retail pharmacies only. Neither retail extended day supply nor mail order location data should be included in the estimate.

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INNPP_COPAY_1M

LABEL: Gap Copay Split Network Standard Retail — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-month supply of the drugs on this tier, using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INNPP_COINS_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INNPP_COPAY_2M

LABEL: Gap Copay Split Network Standard Retail — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a two-month supply of the drugs on this tier, using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INNPP_COINS_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INNPP_COPAY_3M

LABEL: Gap Copay Split Network Standard Retail — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a three-month supply of the drugs on this tier, using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INNPP_COINS_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INNPP_COPAY_DAILY

LABEL: Gap Copay Split Network Standard Retail — 1 day supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-day supply of the drugs on this tier, using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INP_COINS_1M

LABEL: Gap Coinsurance Standard Retail — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INP_COPAY_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INP_COINS_2M

LABEL: Gap Coinsurance Standard Retail — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a two-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INP_COPAY_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INP_COINS_3M

LABEL: Gap Coinsurance Standard Retail — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a three-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INP_COPAY_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INP_COINS_AVG_1M

LABEL: Gap Average Expected Cost Sharing — Standard Retail Coinsurance One Month

DESCRIPTION: This variable identifies the average expected cost-sharing amount in dollars for beneficiary co-insurance for a one-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

CMS instructed plans to calculate this amount by including the average expected cost-sharing amount in dollars that a beneficiary would be expected to pay at a standard/network retail pharmacy for a one-month supply of drugs. This estimate should be based on available plan data (such as the most current 6 months of PDE data) for retail pharmacies only. Neither retail extended day supply nor mail order location data should be included in the estimate.

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INP_COPAY_1M

LABEL: Gap Copay Standard Retail — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INP_COINS_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INP_COPAY_2M

LABEL: Gap Copay Standard Retail — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a two-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INP_COINS_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INP_COPAY_3M

LABEL: Gap Copay Standard Retail — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a three-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INP_COINS_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INP_COPAY_DAILY

LABEL: Gap Copay Standard Retail — 1 day supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-day supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INPP_COINS_1M

LABEL: Gap Coinsurance Split Network Preferred — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INPP_COPAY_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INPP_COINS_2M

LABEL: Gap Coinsurance Split Network Preferred — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a two-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INPP_COPAY_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INPP_COINS_3M

LABEL: Gap Coinsurance Split Network Preferred — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a three-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INPP_COPAY_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INPP_COINS_AVG_1M

LABEL: Gap Average Expected Cost Sharing — Split Network Preferred Coinsurance One Month

DESCRIPTION: This variable identifies the average expected cost-sharing amount in dollars for beneficiary co-insurance for a one-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. CMS instructed plans to calculate this amount by including the average expected cost-sharing amount in dollars that a beneficiary would be expected to pay at a network retail pharmacy for a one-month supply of drugs. This estimate should be based on available plan data (such as the most current 6 months of PDE data) for retail pharmacies only. Neither retail extended day supply nor mail order location data should be included in the estimate.

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INPP_COPAY_1M

LABEL: Gap Copay Split Network Preferred — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INPP_COINS_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INPP_COPAY_2M

LABEL: Gap Copay Split Network Preferred — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a two-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INPP_COINS_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INPP_COPAY_3M

LABEL: Gap Copay Split Network Preferred — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a three-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap.

The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_INPP_COINS_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_INPP_COPAY_DAILY

LABEL: Gap Copay Split Network Preferred — 1 day supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-day supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_LTCP_COINS_1M

LABEL: Gap Long Term Care Pharmacy Coinsurance — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_LTCP_COPAY_1M).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_LTCP_COPAY_1M

LABEL:	Gap Long Term Care Pharmacy Copay — One-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-payment amount for a one-month supply of the drugs on this tier, using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_LTCP_COINS_1M).</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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GAP_LTCP_COPAY_DAILY

LABEL: Gap Copay Long Term Care Pharmacy — 1 day supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a one-day supply of the drugs on this tier, using long term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's

Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MO_COINS_1M

LABEL: Gap Coinsurance Standard Mail Order — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MO_COPAY_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MO_COINS_2M

LABEL:	Gap Coinsurance Standard Mail Order — Two-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a two-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MO_COPAY_2M).</p>

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MO_COINS_3M

LABEL:	Gap Coinsurance Standard Mail Order — Three-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a three-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MO_COPAY_3M).</p>

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MO_COPAY_1M

LABEL: Gap Copay Standard Mail Order — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MO_COINS_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MO_COPAY_2M

LABEL: Gap Copay Standard Mail Order — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a two-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MO_COINS_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MO_COPAY_3M

LABEL: Gap Copay Standard Mail Order — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a three-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MO_COINS_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MO_COPAY_DAILY

LABEL: Gap Copay Standard Mail Order — 1 day supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-day supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MONPP_COINS_1M

LABEL:	Gap Coinsurance Split Network Standard Mail Order — One-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using a mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MONPP_COPAY_1M).</p>

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MONPP_COINS_2M

LABEL: Gap Coinsurance Split Network Standard Mail Order — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a two-month supply of the drugs on this tier, using a mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MONPP_COPAY_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MONPP_COINS_3M

LABEL: Gap Coinsurance Split Network Standard Mail Order — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a three-month supply of the drugs on this tier, using a mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MONPP_COPAY_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MONPP_COPAY_1M

LABEL: Gap Copay Split Network Standard Mail Order — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-month supply of the drugs on this tier, using a mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MONPP_COINS_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MONPP_COPAY_2M

LABEL: Gap Copay Split Network Standard Mail Order — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a two-month supply of the drugs on this tier, using a mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MONPP_COINS_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MONPP_COPAY_3M

LABEL:	Gap Copay Split Network Standard Mail Order — Three-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-payment amount for a three-month supply of the drugs on this tier, using a mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MONPP_COINS_3M).</p>

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MONPP_COPAY_DAILY

LABEL:	Gap Copay Split Network Standard Mail Order — 1 day supply
DESCRIPTION:	This variable identifies the beneficiary co-payment amount for a one-day supply of the drugs on this tier, using a mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MOPP_COINS_1M

LABEL: Gap Coinsurance Split Network Preferred Mail Order — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using a mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MOPP_COPAY_1M).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MOPP_COINS_2M

LABEL:	Gap Coinsurance Split Network Preferred Mail Order — Two-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a two-month supply of the drugs on this tier, using a mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MOPP_COPAY_2M).</p>

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MOPP_COINS_3M

LABEL: Gap Coinsurance Split Network Preferred Mail Order — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a three-month supply of the drugs on this tier, using a mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MOPP_COPAY_3M).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MOPP_COPAY_1M

LABEL: Gap Copay Split Network Preferred Mail Order — one-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-month supply of the drugs on this tier, using a mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MOPP_COINS_1M).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MOPP_COPAY_2M

LABEL: Gap Copay Split Network Preferred Mail Order — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a two-month supply of the drugs on this tier, using a mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MOPP_COINS_2M).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MOPP_COPAY_3M

LABEL:	Gap Copay Split Network Preferred Mail Order — Three-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-payment amount for a three-month supply of the drugs on this tier, using a mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_MOPP_COINS_3M).</p>

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_MOPP_COPAY_DAILY

LABEL:	Gap Copay Split Network Preferred Mail Order — 1 day supply
DESCRIPTION:	This variable identifies the beneficiary co-payment amount for a one-day supply of the drugs on this tier, using a mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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GAP_OONP_COINS_1M

LABEL: Gap Out-of-Network Pharmacy Coinsurance for one-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using an out-of-network pharmacy (OONP) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_OONP_COPAY_1M).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_OONP_COINS_OS

LABEL: Gap Out-of-Network Pharmacy Coinsurance for other days' supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a day's supply of the drugs (other than 1 month) on this tier, using an out-of-network pharmacy (OONP) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_OONP_COPAY_OS).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_OONP_COPAY_1M

LABEL: Gap Out-of-Network Pharmacy Copay for One-month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-month supply of the drugs on this tier, using an out-of-network pharmacy (OONP) during the coverage gap phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_OONP_COINS_1M).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_OONP_COPAY_OS

LABEL:	Gap Out-of-Network Pharmacy Copay for other days' supply
DESCRIPTION:	This variable identifies the beneficiary co-payment amount for a day's supply of the drugs (other than 1 month) on this tier, using an out-of-network pharmacy (OONP) during the coverage gap phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>This variable will only be populated if the plan has an enhanced benefit design with extra coverage in the gap. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (GAP_OONP_COINS_OS).</p>

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_TIER

LABEL:	Indicates Whether Tier is Covered in the Gap Phase
DESCRIPTION:	Indicates whether the formulary tier has extra coverage in the during the coverage gap phase.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No
COMMENT:	The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit. The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_TIER_DRUG_TYPE

LABEL: Gap Drug Type by Tier

DESCRIPTION: This variable identifies what types of drugs, if any, are covered on each formulary tier during the coverage gap phase. A tier may include multiple drug types.

TYPE: CHAR

LENGTH: 6 (starting in 2018, length is 2)

SOURCE: CMS (HPMS files)

VALUES: For 2007 — 2017 data — this is a binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs. For example, if the value = 110000 (1s in the 1st and 2nd digits), then generic and non-preferred brand drugs are covered on this tier during the coverage gap phase.

1 in 1st digit = Non-Preferred Brand

1 in 2nd digit = Generic

1 in 3rd digit = Preferred Generic

1 in 4th digit = Non-Preferred Generic

1 in 5th digit = Brand

1 in 6th digit = Preferred Brand

For 2018+ data — this is a binary character string where the digits are 1 or 0.

1 in the 1st (leftmost) digit = Brand

1 in the 2nd (right) digit = Generic

COMMENT: This field is only populated if the plan has an enhanced benefit design with extra coverage in the gap. There is variation in the number of formulary tiers over time. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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GAP_TIER_PARTIAL

LABEL:	Indicates Whether Tier is Partially Covered in the Gap Phase
DESCRIPTION:	For Part D plans with some cost sharing in the coverage gap phase (i.e., those where the variable GAP_TIER = Y [yes]), this variable indicates whether the cost sharing applies to a partial list of drugs. If only a limited number of drugs on the tier are covered during the coverage gap phase, then the value will be 'Y'. If all drugs on the tier are covered during the gap, then the value will be 'N'.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No 9 = Not Applicable
COMMENT:	<p>This variable applies only to enhanced plans with gap coverage. The coverage gap is technically referred to as the initial coverage limit (ICL) for the Part D benefit.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p>

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ICL_AMT

LABEL:	Part D Plan Initial Coverage Limit (ICL) Amount
DESCRIPTION:	This variable is the dollar amount of Part D Initial Coverage Limit (ICL) applied by the Part D plan. If no ICL is applied this field is blank.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>The Initial Coverage Limit (ICL) phase of the Part D benefit is also referred to as the coverage gap.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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ICL_APPLY

LABEL:	How Part D Initial Coverage Limit (ICL) is applied in the Part D Plan
DESCRIPTION:	This variable indicates whether Part D plan applies the Medicare-defined Part D Initial Coverage Limit (ICL) Amount.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	1 = Medicare-defined Amount 2 = Plan-defined Amount 3 = No ICL
COMMENT:	<p>The Initial Coverage Limit (ICL) phase of the Part D benefit is also referred to as the coverage gap.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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INCREASED_ICL

LABEL:	Indicates Whether Part D Plan Offers Increased Initial Coverage Limit (ICL) Amount
DESCRIPTION:	This variable indicates whether the plan offers reduced cost sharing in the Initial Coverage Limit (ICL) phase by offering an ICL that is higher than the year's predefined standard ICL amount.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No 9 = Not Applicable
COMMENT:	<p>This variable applies ONLY to the Enhanced Alternative plans that offer reduced cost-sharing (i.e., where variable called REDUCED_COST_SHARE='Y').</p> <p>The Initial Coverage Limit (ICL) phase of the Part D benefit is also referred to as the coverage gap.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p>

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NATIONAL_PDP

LABEL:	National Prescription Drug Plan (PDP) Sponsor
DESCRIPTION:	Indicates that the Part D plan benefit package is a stand-alone Prescription Drug plan (PDP) offered by a national Part D sponsor.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No 9 = Not Applicable
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS).

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OOPT_AMT

LABEL:	Out-of-Pocket (OOP) Threshold Amount in the Part D Plan
DESCRIPTION:	<p>This variable is the dollar amount of the Medicare-defined Part D annual Out-of-Pocket (OOP) Cost Threshold.</p> <p>This field is blank for Fixed Capitated Reinsurance Demonstration Projects.</p>
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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ORGANIZATION_MARKETING_NAME

LABEL: Plan Organization Marketing Name

DESCRIPTION: This variable is the name of the plan sponsor's marketing name for the organization.

TYPE: CHAR

LENGTH: 150

SOURCE: CMS (HPMS files)

VALUES: text description

COMMENT: This is the name of the organization that is used for marketing materials. It may be associated with multiple contracts (CONTRACT_ID) and their associated benefit package numbers (PLAN_ID).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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ORGANIZATION_TYPE

LABEL: Organization Type

DESCRIPTION: This variable is the type of organization sponsoring the plan.

TYPE: CHAR

LENGTH: 2

SOURCE: CMS (HPMS files)

VALUES:

- 01 = Local coordinated care plan (CCP)
- 02 = Medical Savings Account (MSA)
- 04 = Private fee-for-service (PFFS) plan
- 05 = Demonstration
- 06 = Section 1876 cost plan
- 08 = Program of All-inclusive Care for the Elderly (PACE)
- 10 = Stand-alone prescription drug plan (PDP)
- 11 = Regional CCP
- 13 = Employer/union-only direct contract PDP
- 16 = Point-of-sale contract; used for LINET — Limited Income Newly Eligible Transition program

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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OTC_UM_PROGRAM

LABEL:	Part D Plan Covers Over-the-Counter (OTC) Medications under the Utilization Management Program
DESCRIPTION:	This variable indicates whether the Part D plan pays for Over-the-Counter medications (OTCs) under its Utilization Management (UM) Program.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No
COMMENT:	Plans that elect to cover OTC drugs as part of general drug utilization management or part of a step therapy protocol have identified the applicable drugs and they appear in the OTC Drug file (which is delivered as part of the Formulary file). When OTC_UM_PROGRAM='Y' then the over-the-counter drugs that appear in the OTC Drug file are allowed by the plan.

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PARENT_ORGANIZATION

LABEL: Plan Parent Organization Name

DESCRIPTION: This variable is the name of the parent organization for the plan, if applicable.

TYPE: CHAR

LENGTH: 50

SOURCE: CMS (HPMS files)

VALUES: text description

COMMENT: This is the name of the parent organization associated with the contract (CONTRACT_ID) and benefit package number (PLAN_ID).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PART_B_PREMIUM_REDUCTION_AMT

LABEL: Part B Premium Reduction Amount

DESCRIPTION: This variable is the dollar amount of Part D rebate attributed to Part B premium reduction.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PART_C_PREMIUM

LABEL: Part C Premium

DESCRIPTION: This variable is the dollar amount of the Medicare Advantage (referred to as Medicare Part C) Basic Plus Mandatory Supplemental Premium Rate (Net of Rebates).

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The Part C premium for Medicare Advantage plans, Cost plans, and Demonstrations covers Medicare medical and hospital benefits, and supplemental benefits, where offered. Beneficiaries generally are also responsible for the Part B premium.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PART_D_LIPS_25

LABEL: Part D Low Income Premium Subsidy 25%

DESCRIPTION: This variable is the dollar amount of the monthly Part D low-income total premium subsidy (LIPS) for beneficiaries at the 25% subsidized level.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PART_D_LIPS_50

LABEL: Part D Low Income Premium Subsidy 50%

DESCRIPTION: This variable is the dollar amount of the monthly Part D low-income total premium subsidy (LIPS) for beneficiaries at the 50% subsidized level.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PART_D_LIPS_75

LABEL:	Part D Low Income Premium Subsidy 75%
DESCRIPTION:	This variable is the dollar amount of the monthly Part D low-income total premium subsidy (LIPS) for beneficiaries at the 75% subsidized level.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PART_D_LIPS_100

LABEL:	Part D Low Income Premium Subsidy 100%
DESCRIPTION:	This variable is the dollar amount of the monthly Part D low-income total premium subsidy (LIPS) for beneficiaries at the 100% subsidized level.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PART_D_LIS_25

LABEL: Part D Low Income Subsidy 25%

DESCRIPTION: This variable is the dollar amount of the Part D low-income subsidy (LIS) where the subsidy level is 25%.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PART_D_LIS_50

LABEL: Part D Low Income Subsidy 50%

DESCRIPTION: This variable is the dollar amount of the Part D low-income subsidy (LIS) where the subsidy level is 50%.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PART_D_LIS_75

LABEL: Part D Low Income Subsidy 75%

DESCRIPTION: This variable is the dollar amount of the Part D low-income subsidy (LIS) where the subsidy level is 75%.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PART_D_LIS_100

LABEL: Part D Low Income Subsidy 100%

DESCRIPTION: This variable is the dollar amount of the Part D low-income subsidy (LIS) where the subsidy level is 100%.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PARTIAL_FLAG

LABEL: Segment Partial County Indicator

DESCRIPTION: Indicates that the plan benefit package (segment) covers only a portion of the county.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: Blank = Plan benefit package segment covers the whole county or does not vary by segment.
Y = Plan benefit package segment covers only a portion of the county.

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_BASIC_PREMIUM_NET_REBATE

LABEL: Part D Basic Premium Net of Rebate

DESCRIPTION: This variable is the dollar amount of the Part D Basic Premium. This amount is net of any Part A/B rebates applied to "buy down" the drug premium for Medicare Advantage plans.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PLAN_ID

LABEL: Plan benefit package Identifier

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS.

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: You need to know both the contract number (variable called CONTRACT_ID) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_14 (previous year)

LABEL: Plan benefit package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2014. It may or may not be the same as the plan ID in the reference year (2015).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_14) to the PLAN_ID_15 (and CONTRACT_ID_15).

You need to know both the D contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_15 (previous year)

LABEL: Plan benefit package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2015. It may or may not be the same as the plan ID in the reference year (2016).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_15) to the PLAN_ID_16 (and CONTRACT_ID_16).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_15 (reference year)

LABEL: Plan benefit package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2015 (the reference year). It may or may not be the same as the plan ID in the prior year (2014).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: All contract and plan ID that were active in 2015 appear in this data file. To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_15) to the PLAN_ID_14 (and CONTRACT_ID_14).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_16 (previous year)

LABEL: Plan benefit package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2016. It may or may not be the same as the plan ID in the reference year (2017).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_16) to the PLAN_ID_17 (and CONTRACT_ID_17).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_16 (reference year)

LABEL: Plan benefit package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2016 (the reference year). It may or may not be the same as the plan ID in the prior year (2015).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: All contract and plan ID that were active in 2016 appear in this data file. To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_16) to the PLAN_ID_15 (and CONTRACT_ID_15).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_17 (previous year)

LABEL: Plan benefit package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2017. It may or may not be the same as the plan ID in the reference year (2018).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_17) to the PLAN_ID_18 (and CONTRACT_ID_18).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_17 (reference year)

LABEL: Plan benefit package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2017 (the reference year). It may or may not be the same as the plan ID in the prior year (2016).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: All contract and plan ID that were active in 2017 appear in this data file. To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_17) to the PLAN_ID_16 (and CONTRACT_ID_16).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_18 (previous year)

LABEL: Plan benefit package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2018. It may or may not be the same as the plan ID in the reference year (2019).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_18) to the PLAN_ID_19 (and CONTRACT_ID_19).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_18 (reference year)

LABEL: Plan benefit package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2018 (the reference year). It may or may not be the same as the plan ID in the prior year (2017).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: All contract and plan ID that were active in 2018 appear in this data file. To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_18) to the PLAN_ID_17 (and CONTRACT_ID_17).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_19 (previous year)

LABEL: Plan benefit package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2019. It may or may not be the same as the plan ID in the reference year (2020).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_19) to the PLAN_ID_20 (and CONTRACT_ID_20).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_19 (reference year)

LABEL: Plan benefit package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2019 (the reference year). It may or may not be the same as the plan ID in the prior year (2018).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: All contract and plan ID that were active in 2019 appear in this data file. To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_19) to the PLAN_ID_18 (and CONTRACT_ID_18).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_20 (previous year)

LABEL: Plan benefit package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2020. It may or may not be the same as the plan ID in the reference year (2021).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_20) to the PLAN_ID_21 (and CONTRACT_ID_21).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_20 (reference year)

LABEL: Plan benefit package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2020 (the reference year). It may or may not be the same as the plan ID in the prior year (2019).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: All contract and plan ID that were active in 2020 appear in this data file. To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_20) to the PLAN_ID_19 (and CONTRACT_ID_19).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_21 (previous year)

LABEL: Plan benefit package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2021. It may or may not be the same as the plan ID in the reference year (2022).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_21) to the PLAN_ID_22 (and CONTRACT_ID_22).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_21 (reference year)

LABEL: Plan benefit package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2021 (the reference year). It may or may not be the same as the plan ID in the prior year (2020).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: All contract and plan ID that were active in 2021 appear in this data file. To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_21) to the PLAN_ID_20 (and CONTRACT_ID_20).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_22 (previous year)

LABEL: Plan benefit package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2022. It may or may not be the same as the plan ID in the reference year (2023).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_22) to the PLAN_ID_23 (and CONTRACT_ID_23).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_22 (reference year)

LABEL: Plan benefit package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2022 (the reference year). It may or may not be the same as the plan ID in the prior year (2021).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: All contract and plan ID that were active in 2022 appear in this data file. To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_22) to the PLAN_ID_21 (and CONTRACT_ID_21).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_ID_23 (reference year)

LABEL: Plan benefit package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a plan sponsor has with CMS. This was the plan ID for the plan in 2023 (the reference year). It may or may not be the same as the plan ID in the prior year (2022).

This field is a key that links the plan sponsor's contract and plan identifiers.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit numeric value

COMMENT: All contract and plan ID that were active in 2023 appear in this data file. To determine whether the contract and plan IDs in the data file for the reference year (year of the data file) represent the same plan in the prior year, compare this variable (along with the corresponding CONTRACT_ID_23) to the PLAN_ID_22 (and CONTRACT_ID_22).

You need to know both the contract number (variable called CONTRACT_ID_YY) and plan benefit package identifier to identify the specific plan benefit package offered to beneficiaries.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_NAME

LABEL: Plan benefit package Name

DESCRIPTION: This variable is the name of the plan benefit package (PBP) for the plan sponsor's contract.

TYPE: CHAR

LENGTH: 75

SOURCE: CMS (HPMS files)

VALUES: text description

COMMENT: This is the name associated with the plan benefit package number (PLAN_ID).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PLAN_SUPP_PREMIUM_NET_REBATE

LABEL: Part D Supplemental Premium Net of Rebate

DESCRIPTION: This variable is the dollar amount of the Part D Premium Enhanced (supplemental) Rate. This amount is net of any Part A/B rebates applied to "buy down" the drug premium for Medicare Advantage plans.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The Part D Supplemental Premium covers any enhanced benefits that may be offered by a plan above and beyond the basic (standard) Part D benefit. These benefits may include extra coverage in the coverage gap, lower copayments than the standard benefit, coverage of non-Part D drugs (e.g. benzodiazepines prior to 2013), etc.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PLAN_TOTAL_PREMIUM_NET_REBATE

LABEL: Part D Total Premium Net of Rebate

DESCRIPTION: This variable is the dollar amount of the Part D Total Premium (basic + supplemental) Rate (Net of Rebates).

The Part D Total Premium is the sum of the Basic and Supplemental Premiums (variables called PLAN_BASIC_PREMIUM_NET_REBATE and PLAN_SUPP_PREMIUM_NET_REBATE). This amount is net of any Part A/B rebates applied to "buy down" the drug premium for

Medicare Advantage plans; for some plans the total premium may be lower than the sum of the basic and supplemental premiums due to negative basic or supplemental premiums.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PLAN_TYPE

LABEL: Plan Type

DESCRIPTION: This variable indicates the type of plan offered by the plan sponsor.

TYPE: CHAR

LENGTH: 2

SOURCE: CMS (HPMS files)

VALUES:

- 01 = Health Maintenance Organization (HMO)
- 02 = Health Maintenance Organization Point-of-Service (HMO POS)
- 04 = Local Preferred Provider Organization (PPO)
- 07 = Medical Savings Account (MSA)
- 09 = PFFS
- 18 = 1876 Cost
- 20 = National Program of All-inclusive Care for the Elderly (PACE)
- 29 = Medicare Prescription Drug plan (PDP)
- 30 = Employer/Union Only Direct contract PDP
- 31 = Regional PPO
- 46 = Limited Income Newly Eligible Transition Program (LINET)
- 48 = Medicare-Medicaid plan, Health Maintenance Organization (MMP HMO)
- 49 = Medicare-Medicaid plan, Health Maintenance Organization Point-of-Service (MMP HMOPOS)

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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POST_OOPT_APPLY

LABEL:	How Post Out-of-Pocket (OOP) Threshold Cost-Sharing is applied in the Part D Plan
DESCRIPTION:	This variable Indicates how the Part D plan applies beneficiary cost-sharing once the beneficiary has reached the Medicare-defined Part D annual Out-of-Pocket (OOP) Cost Threshold (i.e., in catastrophic coverage phase).
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	1 = Medicare-Defined Post Threshold Cost Sharing 2 = Cost Share Tiers
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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POST_OOPT_COINS_PCT

LABEL: Post-Out-of-Pocket Threshold Coinsurance Percentage

DESCRIPTION: This variable identifies the co-insurance percentage that drugs on the tier are subject to during the post out-of-pocket threshold (catastrophic) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This field is only populated if the Medicare-defined Post Threshold Cost Shares do not apply. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (POST_OOPT_COPAY_AMT). The catastrophic coverage phase is also referred to as the post-out-of-pocket threshold phase for the Part D benefit.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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POST_OOPT_COPAY_AMT

LABEL: Post-Out-of-Pocket Threshold Copay

DESCRIPTION: This variable identifies the beneficiary copay amount that drugs on the tier are subject to during the post out-of-pocket threshold (catastrophic) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: This field is only populated if the Medicare-defined Post Threshold Cost Shares do not apply. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (POST_OOPT_COINS_PCT). The catastrophic coverage phase is also referred to as the post-out-of-pocket threshold phase for the Part D benefit.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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POST_OOPT_COSTSHARE_TYPE

LABEL: Post-Out-of-Pocket Threshold Cost Share Type by Tier

DESCRIPTION: This variable identifies the type of cost sharing that drugs on the tier are subject to for each formulary tier during the post-out-of-pocket threshold phase (also known as the catastrophic coverage phase). Cost-sharing may include copayment, co-insurance, or the greater/lesser of the two.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: 1 = Coinsurance
2 = Copayment
3 = Greater of Coinsurance and Copayment

COMMENT: This field is only populated if the Medicare-defined Post Threshold Cost Shares do not apply. The catastrophic coverage phase is also referred to as the post-out-of-pocket threshold phase for the Part D benefit.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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POST_OOPT_TIER_DRUG_TYPE

LABEL: Post-Out-of-Pocket Threshold Drug Type by Tier

DESCRIPTION: This variable identifies what types of drugs, if any, are covered on each formulary tier during the post-out-of-pocket threshold phase (also known as the catastrophic coverage phase). A tier may include multiple drug types.

TYPE: CHAR

LENGTH: 6 (starting in 2018, length is 2)

SOURCE: CMS (HPMS files)

VALUES: For 2007 — 2017 data — this is a binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs. For example, if the value = 110000 (1s in the 1st and 2nd digits), then generic and non-preferred brand drugs are covered on this tier during the coverage gap phase.

1 in 1st digit = Non-Preferred Brand

1 in 2nd digit = Generic

1 in 3rd digit = Preferred Generic

1 in 4th digit = Non-Preferred Generic

1 in 5th digit = Brand

1 in 6th digit = Preferred Brand

For 2018+ data — this is a binary character string where the digits are 1 or 0.

1 in the 1st (leftmost) digit = Brand

1 in the 2nd (right) digit = Generic

COMMENT: This field is only populated if the Medicare-defined Post Threshold Cost Shares do not apply. The catastrophic coverage phase is also referred to as the post-out-of-pocket threshold phase for the Part D benefit.

The CCW constructs the plan characteristics file from information submitted by sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_APPLY

LABEL:	How Part D Pre-ICL Cost-Sharing is applied in the Part D Plan
DESCRIPTION:	This variable indicates how the Part D plan charges cost-sharing before the Initial Coverage Limit (ICL) is reached.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	1 = Medicare-Defined Part D Coinsurance Amount 2 = Cost Share Tiers 3 = No Cost Sharing
COMMENT:	<p>The Initial Coverage Limit (ICL) phase of the Part D benefit is also referred to as the coverage gap.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_COSTSHARE_TYPE

LABEL: Pre-ICL Cost Share Type

DESCRIPTION: Indicates the type of cost sharing that drugs on the tier are subject to in the during the pre-initial coverage limit (ICL) phase, which may include copayment, co-insurance, or the greater/lesser of the two.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: 1 = Coinsurance
2 = Copayment
4 = Lesser of Coinsurance and Copayment

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PRE_ICL_DAYS_INNPP_1M

LABEL:	Pre-ICL Split Network Standard Retail — number of days in 1 month supply
DESCRIPTION:	This variable identifies the number of days in a one-month supply of a drug on this tier, when using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network P) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_INNPP_2M

LABEL: Pre-ICL Split Network Standard Retail — Number of Days in Two-Month Supply

DESCRIPTION: This variable identifies the number of days in a two-month supply of a drug on this tier, when using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_DAYS_INNPP_3M

LABEL:	Pre-ICL Split Network Standard Retail — Number of Days in Three-Month Supply
DESCRIPTION:	This variable identifies the number of days in a three-month supply of a drug on this tier, when using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information. For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_INP_1M

LABEL:	Pre-ICL Standard Retail — number of days in 1 month supply
DESCRIPTION:	This variable identifies the number of days in a one-month supply of a drug on this tier, when using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_INP_2M

LABEL: Pre-ICL Standard Retail — Number of Days in Two-Month Supply

DESCRIPTION: This variable identifies the number of days in a two-month supply of a drug on this tier, when using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_DAYS_INP_3M

LABEL: Pre-ICL Standard Retail — Number of Days in Three-Month Supply

DESCRIPTION: This variable identifies the number of days in a three-month supply of a drug on this tier, when using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_DAYS_INPP_1M

LABEL:	Pre-ICL Split Network Preferred — number of days in 1 month supply
DESCRIPTION:	This variable identifies the number of days in a one-month supply of a drug on this tier, when using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information. For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_INPP_2M

LABEL: Pre-ICL Split Network Preferred — Number of Days in Two-Month Supply

DESCRIPTION: This variable identifies the number of days in a two-month supply of a drug on this tier, when using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_DAYS_INPP_3M

LABEL: Pre-ICL Split Network Preferred — Number of Days in Three-Month Supply

DESCRIPTION: This variable identifies the number of days in a three-month supply of a drug on this tier, when using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_DAYS_LTCP_1M

LABEL:	Pre-ICL Long Term Care Pharmacy — days in 1 month supply
DESCRIPTION:	This variable identifies the number of days in a one-month supply of a drug on this tier, when using a long-term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_MO_1M

LABEL:	Pre-ICL Standard Mail Order — number of days in 1 month supply
DESCRIPTION:	This variable identifies the number of days in a one-month supply of a drug on this tier, when using a mail order pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_MO_2M

LABEL:	Pre-ICL Standard Mail Order — Number of Days in Two-Month Supply
DESCRIPTION:	This variable identifies the number of days in a two-month supply of a drug on this tier, when using an out-of-network pharmacy (OONP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_MO_3M

LABEL: Pre-ICL Standard Mail Order — Number of Days in Three-Month Supply

DESCRIPTION: This variable identifies the number of days in a three-month supply of a drug on this tier, when using an out-of-network pharmacy (OONP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_DAYS_MONPP_1M

LABEL:	Pre-ICL Split Network Standard Mail Order — number of days in 1 month supply
DESCRIPTION:	This variable identifies the number of days in a one-month supply of a drug on this tier, when using a mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_MONPP_2M

LABEL:	Pre-ICL Split Network Standard Mail Order — Number of Days in Two-Month Supply
DESCRIPTION:	This variable identifies the number of days in a two-month supply of a drug on this tier, when using a mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_MONPP_3M

LABEL: Pre-ICL Split Network Standard Mail Order — Number of Days in Three-Month Supply

DESCRIPTION: This variable identifies the number of days in a three-month supply of a drug on this tier, when using a mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_DAYS_MOPP_1M

LABEL:	Pre-ICL Split Network Preferred Mail Order — number of days in 1 month supply
DESCRIPTION:	This variable identifies the number of days in a one-month supply of a drug on this tier, when using a mail order preferred pharmacy (MOPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_MOPP_2M

LABEL:	Pre-ICL Split Network Preferred Mail Order — Number of Days in Two-Month Supply
DESCRIPTION:	This variable identifies the number of days in a two-month supply of a drug on this tier, when using a mail order preferred pharmacy (MOPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_MOPP_3M

LABEL:	Pre-ICL Split Network Preferred Mail Order — Number of Days in Three-Month Supply
DESCRIPTION:	This variable identifies the number of days in a three-month supply of a drug on this tier, when using a mail order preferred pharmacy (MOPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_OONP_1M

LABEL: Pre-ICL Out-of-Network Pharmacy — Days in One-Month Supply

DESCRIPTION: This variable identifies the number of days in a one-month supply of a drug on this tier, when using an out-of-network pharmacy (OONP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_DAYS_OONP_OS

LABEL:	Pre-ICL Out-of-Network Pharmacy — days in other day supply
DESCRIPTION:	This variable identifies the number of days in another days' supply of the drugs (other than 1 or 3 months) on this tier, when using an out-of-network pharmacy (OONP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	5
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All—inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_INNPP_COINS_1M

LABEL: Pre-ICL Coinsurance Split Network Standard Retail — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using an in-network non-preferred preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_INNPP_COPAY_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INNPP_COINS_2M

LABEL: Pre-ICL Coinsurance Split Network Standard Retail — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a two-month supply of the drugs on this tier, using an in-network non-preferred preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_INNPP_COPAY_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INNPP_COINS_3M

LABEL: Pre-ICL Coinsurance Split Network Standard Retail — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a three-month supply of the drugs on this tier, using an in-network non-preferred preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_INNPP_COPAY_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INNPP_COINS_AVG_1M

LABEL:	Pre-ICL Average Expected Cost Sharing — Split Network Standard Retail Coinsurance One Month
DESCRIPTION:	This variable identifies the average expected cost-sharing amount in dollars for beneficiary co-insurance for a one-month supply of the drugs on this tier, using an in-network non-preferred preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>CMS instructed plans to calculate this amount by including the average expected cost-sharing amount in dollars that a beneficiary would be expected to pay at a network retail pharmacy for a one-month supply of drugs. This estimate should be based on available plan data (such as the most current 6 months of PDE data) for retail pharmacies only. Neither retail extended day supply nor mail order location data should be included in the estimate. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field.</p> <p>Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_INNPP_COPAY_1M

LABEL: Pre-ICL Copay Split Network Standard Retail — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a one-month supply of the drugs on this tier, using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_INNPP_COINS_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INNPP_COPAY_2M

LABEL: Pre-ICL Copay Split Network Standard Retail — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a two-month supply of the drugs on this tier, using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_INNPP_COINS_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INNPP_COPAY_3M

LABEL: Pre-ICL Copay Split Network Standard Retail — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a three-month supply of the drugs on this tier, using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_INNPP_COINS_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INNPP_COPAY_DAILY

LABEL:	Pre-ICL Copay Split Network Standard Retail — 1 day supply
DESCRIPTION:	This variable identifies the beneficiary copay amount for a one-day supply of the drugs on this tier, using an in-network non-preferred pharmacy (INNPP; also known as a standard retail pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Starting in 2016, CMS changed how they describe pharmacy networks. The INNPP are currently referred to as standard retail pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_INP_COINS_1M

LABEL: Pre-ICL Coinsurance Standard Retail — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_INP_COPAY_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INP_COINS_2M

LABEL: Pre-ICL Coinsurance Standard Retail — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a two-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_INP_COPAY_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan Benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INP_COINS_3M

LABEL: Pre-ICL Coinsurance Standard Retail — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a three-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_INP_COPAY_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INP_COINS_AVG_1M

LABEL: Pre-ICL Average Expected Cost Sharing — Standard Retail Coinsurance One Month

DESCRIPTION: This variable identifies the average expected cost-sharing amount in dollars for beneficiary co-insurance for a one-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: CMS instructed plans to calculate this amount by including the average expected cost-sharing amount in dollars that a beneficiary would be expected to pay at a network/standard retail pharmacy for a one-month supply of drugs. This estimate should be based on available plan data (such as the most current 6 months of PDE data) for retail pharmacies only. Neither retail extended day supply nor mail order location data should be included in the estimate. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field.

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INP_COPAY_1M

LABEL: Pre-ICL Copay Standard Retail — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a one-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_INP_COINS_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INP_COPAY_2M

LABEL: Pre-ICL Copay Standard Retail — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a two-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_INP_COINS_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INP_COPAY_3M

LABEL: Pre-ICL Copay Standard Retail — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a three-month supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_INP_COINS_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INP_COPAY_DAILY

LABEL: Pre-ICL Copay Standard Retail — 1 day supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a one-day supply of the drugs on this tier, using an in-network pharmacy (INP; also known as a standard retail pharmacy) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Starting in 2016, CMS changed how they describe pharmacy networks. The INP are currently referred to as standard retail pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INPP_COINS_1M

LABEL: Pre-ICL Coinsurance Split Network Preferred — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_INPP_COPAY_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INPP_COINS_2M

LABEL: Pre-ICL Coinsurance Split Network Preferred — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a two-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_INPP_COPAY_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INPP_COINS_3M

LABEL: Pre-ICL Coinsurance Split Network Preferred — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a three-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_INPP_COPAY_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INPP_COINS_AVG_1M

LABEL: Pre-ICL Average Expected Cost Sharing — Split Network Preferred Coinsurance One Month

DESCRIPTION: This variable identifies the average expected cost-sharing amount in dollars for beneficiary co-insurance for a one-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: CMS instructed plans to calculate this amount by including the average expected cost-sharing amount in dollars that a beneficiary would be expected to pay at a network retail pharmacy for a one-month supply of drugs. This estimate should be based on available plan data (such as the most current 6 months of PDE data) for retail pharmacies only. Neither retail extended day supply nor mail order location data should be included in the estimate. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field.

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_INPP_COPAY_1M

LABEL: Pre-ICL Copay Split Network Preferred — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_INPP_COINS_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PRE_ICL_INPP_COPAY_2M

LABEL: Pre-ICL Copay Split Network Preferred — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a two-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_INPP_COINS_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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PRE_ICL_INPP_COPAY_3M

LABEL:	Pre-ICL Copay Split Network Preferred — Three-Month Supply
DESCRIPTION:	This variable identifies the beneficiary copay amount for a three-month supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a preferred pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Plans that use a coinsurance percentage amount rather than a co-payment will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_INPP_COINS_3M).</p> <p>Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p>

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PRE_ICL_INPP_COPAY_DAILY

LABEL: Pre-ICL Copay Split Network Preferred — 1 day supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-day supply of the drugs on this tier, using an in-network preferred pharmacy (INPP; also known as a referred pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Starting in 2016, CMS changed how they describe pharmacy networks. The INPP are currently referred to as preferred pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_LTCP_COINS_1M

LABEL:	Pre-ICL Long Term Care Pharmacy Coinsurance for One-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using long term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_LTCP_COPAY_1M).</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_LTCP_COPAY_1M

LABEL:	Pre-ICL Long Term Care Pharmacy Copay — One-Month Supply
DESCRIPTION:	This variable identifies the beneficiary copay amount for a one-month supply of the drugs on this tier, using long term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Plans that use a coinsurance percentage amount rather than a co-payment will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_LTCP_COINS_1M).</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_LTCP_COPAY_DAILY

LABEL:	Pre-ICL Long Term Care Pharmacy Copay — One-Day Supply
DESCRIPTION:	This variable identifies the beneficiary copay amount for a one-day supply of the drugs on this tier, using long term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_MO_COINS_1M

LABEL: Pre-ICL Coinsurance Standard Mail Order — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using a standard mail order pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_MO_COPAY_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MO_COINS_2M

LABEL: Pre-ICL Coinsurance Standard Mail Order — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a two-month supply of the drugs on this tier, using a standard mail order pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_MO_COPAY_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MO_COINS_3M

LABEL: Pre-ICL Coinsurance Standard Mail Order — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a three-month supply of the drugs on this tier, using a standard mail order pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_MO_COPAY_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MO_COPAY_1M

LABEL: Pre-ICL Copay Standard Mail Order — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a one-month supply of the drugs on this tier, using a standard mail order pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_MO_COINS_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MO_COPAY_2M

LABEL: Pre-ICL Copay Standard Mail Order — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a two-month supply of the drugs on this tier, using a standard mail order pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_MO_COINS_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MO_COPAY_3M

LABEL: Pre-ICL Copay Standard Mail Order — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a three-month supply of the drugs on this tier, using a standard mail order pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_MO_COINS_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MO_COPAY_DAILY

LABEL: Pre-ICL Copay Standard Mail Order — 1 day supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a one-day supply of the drugs on this tier, using a standard mail order pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Starting in 2016, CMS changed how they describe pharmacy networks. The mail order pharmacies are currently referred to as standard mail order pharmacies. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MONPP_COINS_1M

LABEL: Pre-ICL Coinsurance Split Network Standard Mail Order — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_MONPP_COPAY_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MONPP_COINS_2M

LABEL: Pre-ICL Coinsurance Split Network Standard Mail Order — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a two-month supply of the drugs on this tier, using mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_MONPP_COPAY_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MONPP_COINS_3M

LABEL: Pre-ICL Coinsurance Split Network Standard Mail Order — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a three-month supply of the drugs on this tier, using mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_MONPP_COPAY_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MONPP_COPAY_1M

LABEL: Pre-ICL Copay Split Network Standard Mail Order — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a one-month supply of the drugs on this tier, using mail order non-preferred pharmacy (MONPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_MONPP_COINS_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MONPP_COPAY_2M

LABEL: Pre-ICL Copay Split Network Standard Mail Order — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a two-month supply of the drugs on this tier, using mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_MONPP_COINS_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MONPP_COPAY_3M

LABEL: Pre-ICL Copay Split Network Standard Mail Order — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a three-month supply of the drugs on this tier, using mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_MONPP_COINS_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MONPP_COPAY_DAILY

LABEL: Pre-ICL Copay Split Network Standard Mail Order — 1 day supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a one-day supply of the drugs on this tier, using mail order non-preferred pharmacy (MONPP; also known as a standard mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as standard mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MOPP_COINS_1M

LABEL: Pre-ICL Coinsurance Split Network Preferred Mail Order — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using mail order preferred pharmacy (MOPP; also known as a preferred mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_MOPP_COPAY_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as preferred mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MOPP_COINS_2M

LABEL: Pre-ICL Coinsurance Split Network Preferred Mail Order — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a two-month supply of the drugs on this tier, using mail order preferred pharmacy (MOPP; also known as a preferred mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files

VALUES: —

COMMENT: Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_MOPP_COPAY_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as preferred mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MOPP_COINS_3M

LABEL:	Pre-ICL Coinsurance Split Network Preferred Mail Order — Three-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a three-month supply of the drugs on this tier, using mail order preferred pharmacy (MOPP; also known as a preferred mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files
VALUES:	—
COMMENT:	<p>Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_MOPP_COPAY_3M).</p> <p>Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as preferred mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_MOPP_COPAY_1M

LABEL: Pre-ICL Copay Split Network Preferred Mail Order — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a one-month supply of the drugs on this tier, using mail order preferred pharmacy (MOPP; also known as a preferred mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_MOPP_COINS_1M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as preferred mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MOPP_COPAY_2M

LABEL: Pre-ICL Copay Split Network Preferred Mail Order — Two-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a two-month supply of the drugs on this tier, using mail order preferred pharmacy (MOPP; also known as a preferred mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_MOPP_COINS_2M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as preferred mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MOPP_COPAY_3M

LABEL: Pre-ICL Copay Split Network Preferred Mail Order — Three-Month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a three-month supply of the drugs on this tier, using mail order preferred pharmacy (MOPP; also known as a preferred mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; reference instead the corresponding coinsurance variable called (PRE_ICL_MOPP_COINS_3M).

Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as preferred mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_MOPP_COPAY_DAILY

LABEL:	Pre-ICL Copay Split Network Preferred Mail Order — 1 day supply
DESCRIPTION:	This variable identifies the beneficiary copay amount for a one-day supply of the drugs on this tier, using mail order preferred pharmacy (MOPP; also known as a preferred mail order pharmacy within a split network) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Starting in 2016, CMS changed how they describe pharmacy networks. The MOPP are currently referred to as preferred mail order pharmacies within split networks. There is no change in the meaning of the variable, and the data values are the same over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_OONP_COINS_1M

LABEL:	Pre-ICL Out-of-Network Pharmacy Coinsurance — One-Month Supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a one-month supply of the drugs on this tier, using an out-of-network pharmacy (OONP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_OONP_COPAY_1M).</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_OONP_COINS_OS

LABEL:	Pre-ICL Out-of-Network Pharmacy Coinsurance for other days' supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a for a day's supply of the drugs (other than 1 or 3 months) on this tier, using an out-of-network pharmacy (OONP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_OONP_COPAY_OS).</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_OONP_COPAY_1M

LABEL: Pre-ICL Out-of-Network Pharmacy Copay — One-Month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a one-month supply of the drugs on this tier, using an out-of-network pharmacy (OONP) during the pre-initial coverage limit (ICL) phase of the Part D benefit. 1 month supply.

TYPE: NUM

LENGTH: 12

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_OONP_COINS_1M).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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PRE_ICL_OONP_COPAY_OS

LABEL:	Pre-ICL Out-of-Network Pharmacy Copay for other days' supply
DESCRIPTION:	This variable identifies the beneficiary co-payment amount for a day's supply of the drugs (other than 1 or 3 months) on this tier, using an out-of-network pharmacy (OONP) during the pre-initial coverage limit (ICL) phase of the Part D benefit. Other supply.
TYPE:	NUM
LENGTH:	12
SOURCE:	CMS (HPMS files)
VALUES:	—
COMMENT:	<p>Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; reference instead the corresponding co-payment variable called (PRE_ICL_OONP_COINS_OS).</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_TIER_DRUG_TYPE

LABEL:	Pre-ICL Drug Type by Tier
DESCRIPTION:	This variable identifies what types of drugs, if any, are covered on each formulary tier during the pre-initial coverage limit (ICL) phase. A tier may include multiple drug types.
TYPE:	CHAR
LENGTH:	6 (starting in 2018, length is 2)
SOURCE:	CMS (HPMS files)
VALUES:	<p>For 2007–2017 data — this is a binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs. For example, if the value = 110000 (1s in the 1st and 2nd digits), then generic and non-preferred brand drugs are covered on this tier during the pre-ICL phase.</p> <p>1 in 1st digit = Non-Preferred Brand 1 in 2nd digit = Generic 1 in 3rd digit = Preferred Generic 1 in 4th digit = Non-Preferred Generic 1 in 5th digit = Brand 1 in 6th digit = Preferred Brand</p> <p>For 2018+ data — this is a binary character string where the digits are 1 or 0. 1 in the 1st (leftmost) digit = Brand 1 in the 2nd (right) digit = Generic</p>
COMMENT:	<p>There are a different number of records for each year to describe tiers, due to variation in the number of formulary tiers over time.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS’s Health Plan Management System (HPMS). Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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PTCD_INDICATOR

LABEL:	Indicates Whether the Current Year Plan is Part C, Part D or Both
DESCRIPTION:	This variable indicates whether the plan is Medicare Part C, Part D, or both. All Part C and D plans are included in the file.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CCW (derived)
VALUES:	1 = Part C only plan (any non-FFS; not all are MA) 2 = Part D only plan 3 = Both Part C and D plan
COMMENT:	You may use this field to identify plans that offer either only the Part C benefit, the Part D benefit, or both. Note that plans that are identified as Part C may include other non-fee-for-service plans such as some demonstrations (i.e., not all plans identified as Part C plans are Medicare Advantage managed care plans).

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PTCD_INDICATOR_15

LABEL:	Indicates Whether the Reference Year Plan is Part C, Part D or Both
DESCRIPTION:	This variable indicates whether the plan for the Current Year (2015) is Medicare Part C, Part D, or both. All Part C and D plans are included in the file.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CCW (derived)
VALUES:	1 = Part C only plan (any non-FFS; not all are MA) 2 = Part D only plan 3 = Both Part C and D plan
COMMENT:	You may use this field to identify plans that offer either only the Part C benefit, the Part D benefit, or both. Note that plans that are identified as Part C may include other non-fee-for-service plans such as some demonstrations (i.e., not all plans identified as Part C plans are Medicare Advantage managed care plans).

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PTCD_INDICATOR_16

LABEL:	Indicates Whether the Reference Year Plan is Part C, Part D or Both
DESCRIPTION:	This variable indicates whether the plan for the Current Year (2016) is Medicare Part C, Part D, or both. All Part C and D plans are included in the file.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CCW (derived)
VALUES:	1 = Part C only plan (any non-FFS; not all are MA) 2 = Part D only plan 3 = Both Part C and D plan Null/missing = Plan was terminated and not in current year file
COMMENT:	You may use this field to identify plans that offer either only the Part C benefit, the Part D benefit, or both. Note that plans that are identified as Part C may include other non-fee-for-service plans such as some demonstrations (i.e., not all plans identified as Part C plans are Medicare Advantage managed care plans).

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PTCD_INDICATOR_17

LABEL:	Indicates Whether the Reference Year Plan is Part C, Part D or Both
DESCRIPTION:	This variable indicates whether the plan for the Current Year (2017) is Medicare Part C, Part D, or both. All Part C and D plans are included in the file.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CCW (derived)
VALUES:	1 = Part C only plan (any non-FFS; not all are MA) 2 = Part D only plan 3 = Both Part C and D plan
COMMENT:	You may use this field to identify plans that offer either only the Part C benefit, the Part D benefit, or both. Note that plans that are identified as Part C may include other non-fee-for-service plans such as some demonstrations (i.e., not all plans identified as Part C plans are Medicare Advantage managed care plans).

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PTCD_INDICATOR_18

LABEL:	Indicates Whether the Reference Year Plan is Part C, Part D or Both
DESCRIPTION:	This variable indicates whether the plan for the Current Year (2018) is Medicare Part C, Part D, or both. All Part C and D plans are included in the file.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CCW (derived)
VALUES:	1 = Part C only plan (any non-FFS; not all are MA) 2 = Part D only plan 3 = Both Part C and D plan Null/missing = Plan was terminated and not in current year file
COMMENT:	You may use this field to identify plans that offer either only the Part C benefit, the Part D benefit, or both. Note that plans that are identified as Part C may include other non-fee-for-service plans such as some demonstrations (i.e., not all plans identified as Part C plans are Medicare Advantage managed care plans).

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PTCD_INDICATOR_19

LABEL:	Indicates Whether the Reference Year Plan is Part C, Part D or Both
DESCRIPTION:	This variable indicates whether the plan for the Current Year (2019) is Medicare Part C, Part D, or both. All Part C and D plans are included in the file.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CCW (derived)
VALUES:	1 = Part C only plan (any non-FFS; not all are MA) 2 = Part D only plan 3 = Both Part C and D plan Null/missing = Plan was terminated and not in current year file
COMMENT:	You may use this field to identify plans that offer either only the Part C benefit, the Part D benefit, or both. Note that plans that are identified as Part C may include other non-fee-for-service plans such as some demonstrations (i.e., not all plans identified as Part C plans are Medicare Advantage managed care plans).

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PTCD_INDICATOR_20

LABEL:	Indicates Whether the Reference Year Plan is Part C, Part D, or Both
DESCRIPTION:	This variable indicates whether the plan for the Current Year (2020) is Medicare Part C, Part D, or both. All Part C and D plans are included in the file.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CCW (derived)
VALUES:	1 = Part C only plan (any non-FFS; not all are MA) 2 = Part D only plan 3 = Both Part C and D plan Null/missing = Plan was terminated and not in current year file
COMMENT:	You may use this field to identify plans that offer either only the Part C benefit, the Part D benefit, or both. Plans that are identified as Part C may include other non-fee-for-service plans such as some demonstrations (i.e., not all plans identified as Part C plans are Medicare Advantage managed care plans).

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PTCD_INDICATOR_21

LABEL:	Indicates Whether the Reference Year Plan is Part C, Part D, or Both
DESCRIPTION:	This variable indicates whether the plan for the Current Year (2021) is Medicare Part C, Part D, or both. All Part C and D plans are included in the file.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CCW (derived)
VALUES:	1 = Part C only plan (any non-FFS; not all are MA) 2 = Part D only plan 3 = Both Part C and D plan Null/missing = Plan was terminated and not in current year file
COMMENT:	You may use this field to identify plans that offer either only the Part C benefit, the Part D benefit, or both. Plans that are identified as Part C may include other non-fee-for-service plans such as some demonstrations (i.e., not all plans identified as Part C plans are Medicare Advantage managed care plans).

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PTCD_INDICATOR_22

LABEL:	Indicates Whether the Reference Year Plan is Part C, Part D, or Both
DESCRIPTION:	This variable indicates whether the plan for the Current Year (2022) is Medicare Part C, Part D, or both. All Part C and D plans are included in the file.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CCW (derived)
VALUES:	1 = Part C only plan (any non-FFS; not all are MA) 2 = Part D only plan 3 = Both Part C and D plan Null/missing = Plan was terminated and not in current year file
COMMENT:	You may use this field to identify plans that offer either only the Part C benefit, the Part D benefit, or both. Plans that are identified as Part C may include other non-fee-for-service plans such as some demonstrations (i.e., not all plans identified as Part C plans are Medicare Advantage managed care plans).

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PTCD_INDICATOR_23

LABEL:	Indicates Whether the Reference Year Plan is Part C, Part D, or Both
DESCRIPTION:	This variable indicates whether the plan for the Current Year (2023) is Medicare Part C, Part D, or both. All Part C and D plans are included in the file.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CCW (derived)
VALUES:	1 = Part C only plan (any non-FFS; not all are MA) 2 = Part D only plan 3 = Both Part C and D plan Null/missing = Plan was terminated and not in current year file
COMMENT:	You may use this field to identify plans that offer either only the Part C benefit, the Part D benefit, or both. Plans that are identified as Part C may include other non-fee-for-service plans such as some demonstrations (i.e., not all plans identified as Part C plans are Medicare Advantage managed care plans).

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REDUCED_COST_SHARE

LABEL:	Indicates Whether Part D Plan Offers Reduced Cost-Sharing
DESCRIPTION:	This variable indicates whether the plan offers reduced Part D cost-sharing as part of its supplemental Part D benefit.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No 9 = Not applicable
COMMENT:	<p>This variable applies to Enhanced Alternative plans ONLY.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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REDUCED_DED

LABEL:	Indicates Whether Part D Plan Offers Reduced Deductible Amount
DESCRIPTION:	This variable indicates whether the plan offers reduced cost sharing in the deductible phase of the Part D benefit.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No 9 = Not Applicable
COMMENT:	<p>This variable applies ONLY to the Enhanced Alternative plans that offer reduced cost-sharing (i.e., where variable called REDUCED_COST_SHARE='Y').</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.</p> <p>For those plans that did not report, the value of this variable will be blank.</p>

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REDUCED_OOPT_CS

LABEL: Indicates Whether Part D Plan Offers Reduced Post Out-of-Pocket (OOP) Threshold Cost-Sharing Amounts

DESCRIPTION: This variable indicates whether the plan offers reduced cost sharing in the post out-of-pocket threshold (catastrophic) phase of the Part D benefit.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: Y = Yes
N = No
9 = Not Applicable

COMMENT: This variable applies ONLY to the Enhanced Alternative plans that offer reduced cost-sharing (i.e., where variable called REDUCED_COST_SHARE='Y').

The Initial Coverage Limit (ICL) phase of the Part D benefit is also referred to as the coverage gap.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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REDUCED_PREICL_CS

LABEL:	Indicates Whether Part D Plan Offers Reduced Pre-ICL Cost-sharing
DESCRIPTION:	This variable indicates whether the plan offers reduced cost sharing applies to the pre-Initial Coverage Limit (ICL) phase of the Part D benefit.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	Y = Yes N = No 9 = Not Applicable
COMMENT:	<p>This variable applies ONLY to the Enhanced Alternative plans that offer reduced cost-sharing (i.e., where variable called REDUCED_COST_SHARE='Y').</p> <p>The Initial Coverage Limit (ICL) phase of the Part D benefit is also referred to as the coverage gap.</p> <p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p>

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REGION_CODE

LABEL: Segment Region Code

DESCRIPTION: This variable is the stand-alone prescription drug plan (PDP) or Medicare Advantage Prescription Drug plan (MA-PD) region code in which the plan benefit package provides coverage. Applies only to stand-alone PDPs and regional Medicare Advantage Prescription Drug plans.

TYPE: CHAR

LENGTH: 2

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The name associated with this region code can be found in the variable called (REGION_NAME).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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REGION_NAME

LABEL: Segment Region Name

DESCRIPTION: This variable is the stand-alone prescription drug plan (PDP) or Medicare Advantage Prescription Drug plan (MA-PD) region name in which the plan benefit package provides coverage. Applies only to stand-alone PDPs and regional Medicare.

TYPE: CHAR

LENGTH: 120

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The code number associated with this region name can be found in the variable called (REGION_CODE).

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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RELATIONSHIP_CODE

LABEL: Relationship Code

DESCRIPTION: This variable is the code that identifies whether the contract and plan ID that was active in in the reference year was new or related to a contract and plan ID in the previous year.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: N = New
R = Renewal
C = Consolidation
T = Termination

COMMENT: The variable describes the relationship between the contract and plan ID in the reference year compared to the prior year. The description for these codes is in the relationship description variable (RELATIONSHIP_DESC).

The contract and plan ID for the reference year (year of the data file) could be related to more than one contract and plan ID in the previous year (e.g., if reference year relationship was a consolidation); similarly, more than one contract and plan ID in the reference year may be associated with a single contract and plan ID in the previous year (e.g., if reference year relationship was a split).

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RELATIONSHIP_DESC

LABEL:	Relationship Description		
DESCRIPTION:	This variable is the description of the relationship between the contract and plan ID that was active in the reference year — and any associated contract and plan ID(s) in the previous year.		
TYPE:	CHAR		
LENGTH:	15		
SOURCE:	CMS (HPMS files)		
VALUES:	New	= no link to a plan in the prior year	
	Renewal	= same plan and contract in reference and prior years (portion of service area may be different)	
	Consolidation	= 2 or more plans in the prior year consolidated into a single plan	
	Termination	= plan appeared in prior year, not active in reference year	
COMMENT:	<p>The relationship between the contract and plan ID in the reference year compared to the prior year. This variable is the narrative description for the single letter code value that appears in the variable (RELATIONSHIP_CODE).</p> <p>The contract and plan ID for the reference year could be related to more than one contract and plan ID in the previous year (e.g., if reference year relationship was a consolidation); similarly, more than one contract and plan ID in the reference year may be associated with a single contract and plan ID in the previous year (e.g., if reference year was a split).</p>		

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SEGMENT_ID

LABEL: Market Segment Identifier

DESCRIPTION: This variable is the identifier for the geographic market segment covered by the plan.

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS files)

VALUES: Three-digit number

COMMENT: You need to know both the contract number and plan benefit package identification number (variables called CONTRACT_ID and PLAN_ID) to identify the specific plan benefit package offered to beneficiaries in the particular market segments.

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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SNP_INSTITUTIONAL_TYPE

LABEL:	Special Needs Plan (SNP) Institutional Type
DESCRIPTION:	This variable describes the special needs plan (SNP) institutional type for applicable plan benefit packages.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	1 = Institutional Only 2 = Institutional Equivalent 3 = Institutional and Institutional Equivalent 9 = All other SNPs
COMMENT:	The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS). For plans that are not SNPs, the value of this variable will be blank.

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SNP_PERCENTAGE_TYPE

LABEL:	Special Needs Plan (SNP) Percentage Type
DESCRIPTION:	This variable describes the special needs plan (SNP) percentage type for applicable plan benefit packages.
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS files)
VALUES:	1 = Exclusive
COMMENT:	<p>The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).</p> <p>For plans that are not SNPs, the value of this variable will be blank. This variable is not available after 2017.</p>

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SNP_TYPE

LABEL: Special Needs Plan (SNP) Type

DESCRIPTION: This variable describes the type of special needs plan (SNP) for applicable plan benefit packages.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: 0 = Non-SNP
C = Chronic or Disabling Condition
D = Dual-Eligible
I = Institutional
Null/missing

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

Employer and National Program of All-inclusive Care for the Elderly (PACE) plans are waived from reporting plan benefit package information.

For those plans that did not report, the value of this variable will be blank.

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SPECIALTY_TIER

LABEL: Specialty Tier

DESCRIPTION: This variable indicates whether the formulary tier is designated as a specialty tier. The specialty tier contains high-cost products which must meet a certain monthly dollar threshold as set by CMS, and products on this tier are typically limited to a percentage coinsurance of 25% and cannot exceed 33%.

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS files)

VALUES: N = Not a specialty tier
Y = Specialty tier

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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SSA_CODE

LABEL: Segment SSA State and County Code

DESCRIPTION: This variable is the standard five-digit Social Security Administration (SSA) state and county code in which the plan benefit package (segment) provides coverage.

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

A listing of the SSA state and county codes can be found on the US Census website; also, CMS has core-based statistical area (CBSA) crosswalk files available on their website, which include state and county SSA codes.

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STATE_ABBRV

LABEL:	State Postal Code
DESCRIPTION:	Postal code of state in which the plan benefit package (segment) provides coverage.
TYPE:	CHAR
LENGTH:	2
SOURCE:	
VALUES:	—
COMMENT:	

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STATE_NAME

LABEL: Segment State Name

DESCRIPTION: Name of state in which the plan benefit package (segment) provides coverage.

TYPE: CHAR

LENGTH: 25

SOURCE: CMS (HPMS files)

VALUES: —

COMMENT: The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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TIER_ID

LABEL: Tier Number

DESCRIPTION: Medicare Part D formulary tier identifier. This field represents the cost sharing tier in which the product was placed in the sponsor's formulary.

This identifier is also a key that links a Part D sponsor's cost sharing tier record to a prescription drug event record via contract ID, plan ID, and tier ID.

TYPE: CHAR

LENGTH: 2

SOURCE: CMS (HPMS files)

VALUES: 01–07

COMMENT: Up to six tiers were possible through 2020. Starting with 2021 data, up to seven tiers are possible

The CCW constructs the plan characteristics file from information submitted by plan sponsors to CMS's Health Plan Management System (HPMS).

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