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**CODEBOOK:
Medicare Part D Plan Characteristics
(2007–2014)**

OCTOBER 2021 | VERSION 1.4

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Revision Log

Date	Changed by	Revisions	Version
October 2021	M. Richardson	QA reviews for punctuation, correct links, and capitalization; transferred content to 2020 template	1.4
May 2018	K. Schneider C. Alleman	Updates to incorporate Part D Plan standard/preferred pharmacy network descriptions	1.3
January 2018	K. Schneider C. Alleman	Updates to incorporate plan and contract IDs for 2016	1.2
December 2017	K. Schneider C. Alleman	Updates to incorporate Part D plan standard/preferred pharmacy network descriptions	1.1
May 2017	K. Schneider C. Alleman	Initial release of codebook for Part D Plan Characteristics files	1.0

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BELOW_BENCHMARK

LABEL: Part D Plan Offered 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.

SHORT NAME: —

LONG NAME: BELOW_BENCHMARK

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: D = Below De minimis Amount (note —starting in 2011, this value is retired and is combined with "B")
B = Below Regional Benchmark (2011 forward this may also mean below de minimis amount)
N = No
9 = Not Applicable

COMMENT: The Part D premium benchmarks vary by region. The de minimis amount is \$2.00. See the DEMINIMIS_PD_FLAG variable in the data dictionary for the Plan Base File (2011 forward, only).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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.

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, for example: <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals.html>).

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CONTRACT_ID

LABEL: Part D Contract Identifier

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

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

SHORT NAME: —

LONG NAME: CONTRACT_ID

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS Files)

VALUES: 5-digit alpha/numeric value

COMMENT: Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_06 (previous year)

LABEL: Part D Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2006. It may or may not be the same as the Contract ID in the reference year (2007).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_06

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_06) to the CONTRACT_ID_07 (and PLAN_ID_07).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_07 (previous year)

LABEL: Part D Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2007. It may or may not be the same as the Contract ID in the reference year (2008).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_07

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_07) to the CONTRACT_ID_08 (and PLAN_ID_08).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_07 (reference year)

LABEL: Part D Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2007 (the reference year). It may or may not be the same as the Contract ID in the previous year (2006).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_07

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS Files)

VALUES: 5-digit alpha/numeric value

COMMENT: All Contract and Plan ID that were active in 2007 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_07) to the CONTRACT_ID_06 (and PLAN_ID_06).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_08 (previous year)

LABEL: Part D Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2008. It may or may not be the same as the Contract ID in the reference year (2009).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_08

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_08) to the CONTRACT_ID_09 (and PLAN_ID_09).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_08 (reference year)

LABEL: Part D Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2008 (the reference year). It may or may not be the same as the Contract ID in the previous year (2007).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_08

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS Files)

VALUES: 5-digit alpha/numeric value

COMMENT: All Contract and Plan ID that were active in 2008 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_08) to the CONTRACT_ID_07 (and PLAN_ID_07).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_09 (previous year)

LABEL: Part D Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2009. It may or may not be the same as the Contract ID in the reference year (2010).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_09

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_09) to the CONTRACT_ID_10 (and PLAN_ID_10).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_09 (reference year)

LABEL: Part D Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2009 (the reference year). It may or may not be the same as the Contract ID in the previous year (2008).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_09

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS Files)

VALUES: 5-digit alpha/numeric value

COMMENT: All Contract and Plan ID that were active in 2009 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_09) to the CONTRACT_ID_08 (and PLAN_ID_08).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_10 (previous year)

LABEL: Part D Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2010. It may or may not be the same as the Contract ID in the reference year (2011).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_10

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_10) to the CONTRACT_ID_11 (and PLAN_ID_11).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_10 (reference year)

LABEL: Part D Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2010 (the reference year). It may or may not be the same as the Contract ID in the previous year (2009).

This field is a key that links of Part D sponsor's contract and plan identifiers. The beneficiaries' mailing address ZIP code.

SHORT NAME: —

LONG NAME: CONTRACT_ID_10

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS Files)

VALUES: 5-digit alpha/numeric value

COMMENT: All Contract and Plan ID that were active in 2010 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_10) to the CONTRACT_ID_09 (and PLAN_ID_09).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_11 (previous year)

LABEL: Part D Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2011. It may or may not be the same as the Contract ID in the reference year (2012).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_11

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_11) to the CONTRACT_ID_12 (and PLAN_ID_12).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_11 (reference year)

LABEL: Part D Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2011 (the reference year). It may or may not be the same as the Contract ID in the previous year (2010).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_11

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS Files)

VALUES: 5-digit alpha/numeric value

COMMENT: All Contract and Plan ID that were active in 2011 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_11) to the CONTRACT_ID_10 (and PLAN_ID_10).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_12 (previous year)

LABEL: Part D Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2012. It may or may not be the same as the Contract ID in the reference year (2013).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_12

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_12) to the CONTRACT_ID_13 (and PLAN_ID_13).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_12 (reference year)

LABEL: Part D Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2012 (the reference year). It may or may not be the same as the Contract ID in the previous year (2011).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_12

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS Files)

VALUES: 5-digit alpha/numeric value

COMMENT: All Contract and Plan ID that were active in 2012 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_12) to the CONTRACT_ID_11 (and PLAN_ID_11).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS). CMS derives this field using a Healthcare Common Procedure Coding System (HCPCS) code to BETOS code crosswalk.

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CONTRACT_ID_13 (previous year)

LABEL: Part D Contract Identifier for Previous Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2013. It may or may not be the same as the Contract ID in the reference year (2014).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_13

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_13) to the CONTRACT_ID_14 (and PLAN_ID_14).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_13 (reference year)

LABEL: Part D Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2013 (the reference year). It may or may not be the same as the Contract ID in the previous year (2012).

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

SHORT NAME: DEDAPPLY

LONG NAME: CONTRACT_ID_13

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS Files)

VALUES: 5-digit alpha/numeric value

COMMENT: All Contract and Plan ID that were active in 2013 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_13) to the CONTRACT_ID_12 (and PLAN_ID_12).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_ID_14 (reference year)

LABEL: Part D Contract Identifier for Reference Year

DESCRIPTION: This variable is the unique number CMS assigns to each contract that a Part D plan has with CMS. This was the Contract ID for the plan in 2014 (the reference year). It may or may not be the same as the Contract ID in the previous year (2013).

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

SHORT NAME: —

LONG NAME: CONTRACT_ID_14

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS Files)

VALUES: 5-digit alpha/numeric value

COMMENT: All Contract and Plan ID that were active in 2014 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_14) to the CONTRACT_ID_13 (and PLAN_ID_13).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variable called PLAN_ID_YY) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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CONTRACT_NAME

LABEL: Part D Contract Name

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

SHORT NAME: —

LONG NAME: CONTRACT_NAME

TYPE: CHAR

LENGTH: 150

SOURCE: CMS (HPMS Files)

VALUES: text description

COMMENT: Prior to the 2013 data release, THE CCW was required to encrypt or suppress sensitive data fields, including those which could be used to identify the plan sponsor's contract and plan. Therefore, this variable does not appear in legacy data files.

This is the name associated with the Part D contract number (CONTRACT_ID).

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

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COUNTY_NAME

LABEL: Part D Segment County Name

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

SHORT NAME: —

LONG NAME: COUNTY_NAME

TYPE: CHAR

LENGTH: 30

SOURCE: CMS (HPMS Files)

VALUES: -

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

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COV_CRITERIA

LABEL: Part D Coverage Criteria - Indicator of Waiver of Part A Requirement

DESCRIPTION: This variable indicates whether the requirement that Part D beneficiaries be entitled to Medicare Part A is waived.

The value will indicate whether beneficiaries with only Part B entitlement may enroll in the Part D plan benefit package.

SHORT NAME: —

LONG NAME: COV_CRITERIA

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: 1 = Part A/B (no waiver of Part A requirement)
2 = Part B Only
9 = Not Applicable

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

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DED_AMT

LABEL: Part D Deductible Amount

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

SHORT NAME: —

LONG NAME: DED_AMT

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: -

COMMENT: The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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.

SHORT NAME: —

LONG NAME: DED_APPLY

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 Part D 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. This field is not populated prior to 2009.

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DED_APPLY_ALL

LABEL: Type of Cost Sharing in the 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.

SHORT NAME: —

LONG NAME: DED_APPLY_ALL

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: The actual values were different over time.
For 2007 - 2009 the values were:
1 = Deductible applies to all drugs
2 = Deductible does not apply to generic drugs
9 = Not Applicable

Starting in 2010, the values were:
1 = No Cost Sharing
2 = Pre ICL Cost Sharing Applies to Selected Tiers
3 = Other Type of Cost Sharing Applies to Selected Tiers
9 = Not Applicable

COMMENT: This variable was new in 2007.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_COINS

LABEL: Part D Deductible Coinsurance Percentage

DESCRIPTION: This variable is the coinsurance percentage beneficiaries are charged by for enhanced alternative plans that offer cost sharing during the deductible phase.

SHORT NAME: —

LONG NAME: DED_COINS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2010.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_COPAY

LABEL: Part D Deductible 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.

SHORT NAME: —

LONG NAME: DED_COPAY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2010.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Deductible Phase

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

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

SHORT NAME: —

LONG NAME: DED_COSTSHARE_TIERS

TYPE: CHAR

LENGTH: 6

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=100001 (1s in the 1st and 6th digit), then cost sharing applies to the 5th and 6th tiers of the formulary.

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 1st digit = Tier 6

In 2010, the variable was a 10-character string with the digits that corresponded to tiers as follows:

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

1 in 8th digit = Tier 7

1 in 9th digit =Tier 8

1 in 10th digit = Tier 9

1 in 1st digit =Tier 10

COMMENT: This variable was new in 2010; it changed from 10 characters to 6 in 2011.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_GENERIC_COPAY

LABEL:	Part D Co-Payment Amount for Generic Drugs in Deductible
DESCRIPTION:	This variable is the dollar amount of Part D beneficiary co-payment charged for generic drugs in the deductible phase by the plan.
SHORT NAME:	—
LONG NAME:	DED_GENERIC_COPAY
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	<p>The width of this value changed from 12 to 8 in 2009. The variable is only available from 2007-2009.</p> <p>The CCW constructs the Plan Characteristics file from information submitted by Part D 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. For those plans that did not report, the value of this variable will be blank.</p>

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DEMINIMIS_PD_FLAG

LABEL: De minimis 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).

SHORT NAME: —

LONG NAME: DEMINIMIS_PD_FLAG

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)NCH

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

COMMENT: This variable is new in 2011.

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 Part D 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 (see, for example:

<http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals.html>).

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DEMO_TYPE

LABEL: Part D Demonstration Type

DESCRIPTION: This variable describes the type of Part D demonstration organization for applicable contracts.

SHORT NAME: —

LONG NAME: DEMO_TYPE

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Different CMS demonstrations were in effect at different times; the actual values will vary by year.

0 = Non-Demonstration

1 = Continuing Care Retirement Community (CCRC) Demo

2 = ESRDII Demo

3 = MA Health Senior Care Options

4 = Minnesota Disability Health Options

5 = Minnesota Senior Health Options

6 = SHMO

7 = SHMO II

8 = Wisconsin Partnership Program

Starting in 2011, there were only two valid values for this variable:

0 = Non-Demonstration

1 = Demonstration

COMMENT: There are no Part D Demonstration projects 2012 or later.

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

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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).

SHORT NAME: —

LONG NAME: DRUG_BENEFIT_TYPE

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES:

- 0 = No Benefit Plan Information
- 1 = Defined Standard benefit
- 2 = Actuarially Equivalent Standard
- 3 = Basic Alternative
- 4 = Enhanced Alternative

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

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EFFECTIVE_DATE

LABEL: Part D Plan Effective Date

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

SHORT NAME: —

LONG NAME: EFFECTIVE_DATE

TYPE: CHAR

LENGTH: 10

SOURCE: CMS (HPMS Files)

VALUES: date

COMMENT: Prior to the 2013 data release, THE CCW was required to encrypt or suppress sensitive data fields, including those which could be used to identify the plan sponsor's contract and plan. Therefore, this variable does not appear in legacy data files.

This is the date the Part D plan contract (CONTRACT_ID) and benefit package number (PLAN_ID) was first offered.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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.
SHORT NAME:	—
LONG NAME:	EGHP_CALENDAR_YEAR_FLAG
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 Part D 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 Part D plan benefit package is an employer group waiver plan (EGWP).

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

SHORT NAME: —

LONG NAME: EGWP_INDICATOR

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

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

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EXCLUDED_DRUGS

LABEL: 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).

SHORT NAME: —

LONG NAME: EXCLUDED_DRUGS

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2007. It 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 (available 2010, forward). 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 Part D 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: Excluded Drugs 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.

SHORT NAME: —

LONG NAME: EXCLUDED_TIER_GAP

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes
N = No
X = Unknown

COMMENT: This variable was new in 2012. 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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EXCLUDED_TIER_PRE_ICL

- LABEL:** 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.
- SHORT NAME:** —
- LONG NAME:** EXCLUDED_TIER_PRE_ICL
- TYPE:** CHAR
- LENGTH:** 1
- SOURCE:** CMS (HPMS Files)
- VALUES:** Y = Yes
N = No
X = Unknown
- COMMENT:** This variable was new in 2012. THE CCW constructs the Plan Characteristics file from information submitted by Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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FIDE_SNP

LABEL: Fully Integrated Dual Eligible (FIDE) SNP

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

SHORT NAME: —

LONG NAME: FIDE_SNP

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2012.

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

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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.

SHORT NAME: —

LONG NAME: FORMULARY_ID

TYPE: CHAR

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: 8-digit numeric value

COMMENT: This variable is first available in 2010. Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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: Free First Prescription Fill

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

SHORT NAME: —

LONG NAME: FREE_FIRST_FILL

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2007.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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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FREE_GENERICS

LABEL: Plan Offers Free Generic Drugs up to a Maximum Amount

DESCRIPTION: This variable indicates whether the Part D plan offers free generic drugs.

SHORT NAME: —

LONG NAME: FREE_GENERICS

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes
N = No
9 = Not applicable
X = Unknown

COMMENT: This variable is only available 2008-2010.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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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FREE_GENERICS_AMT

LABEL: Maximum Amount for Free Generic Drugs

DESCRIPTION: This variable indicates the maximum dollar amount for free generic drugs, offered by the Part D plan.

SHORT NAME: —

LONG NAME: FREE_GENERICS_AMT

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable is only available 2008–2010; it changed from 12 digits to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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.

SHORT NAME: —

LONG NAME: GAP_COSTSHARE_TYPE

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES:
1 = Coinsurance
2 = Copayment
3 = Greater of Coinsurance and Copayment
4 = Lesser of Coinsurance and Copayment

COMMENT: This variable was new in 2007.

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_COVERAGE_TYPE

LABEL: Type of Gap Coverage Offered

DESCRIPTION: Describes the type of gap coverage offered for Enhanced Alternative plans that offer additional gap coverage beyond the coinsurance in the gap for defined standard coverage.

SHORT NAME: —

LONG NAME: GAP_COVERAGE_TYPE

TYPE: CHAR

LENGTH: 2 (was 1 CHAR 2006–2008)

SOURCE: CMS (HPMS Files)

VALUES: 01 = Few Brands
10 = Few Generics
11 = Few Generics and Few Brands
20 = Some Generics
21 = Some Generics and Few Brands
22 = Some Generics and Some Brands
30 = All Preferred Generics
32 = All Preferred Generics and Some Brands
33 = All Preferred Generics and All Preferred Brands
40 = All Generics
41 = All Generics and Few Brands
42 = All Generics and Some Brands
43 = All Generics and All Preferred Brands
44 = All Generics and All Brands
50 = Many Generics
51 = Many Generics and Few Brands
52 = Many Generics and Some Brand
55 = Many Generics and Many Brands
N = No Gap Coverage
9 = Not Applicable
X = Unknown

*****VALUES PRIOR TO 2009*****

N = No Gap Coverage
G = Generics
P = Generics and Preferred Brands
B = Generics and Brands
A = All Formulary Drugs
9 = Not Applicable

COMMENT: From 2009–2014, this value was expanded from 1 to 2-bytes. This variable was retired and did not appear in the 2015 Plan Base File; however, the same information is available in the Plan Tier file (see GAP_TIER_DRUG_TYPE).

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 Part D 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 In-Network Non-Preferred 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 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.

SHORT NAME: —

LONG NAME: GAP_DAYS_INNPP_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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 Part D 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 In-Network Non-Preferred Pharmacy — days in 2-month supply

DESCRIPTION: This variable identifies the number of days in a 2-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.

SHORT NAME: —

LONG NAME: GAP_DAYS_INNPP_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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 In-Network Non-Preferred Pharmacy — days in 3-month supply

DESCRIPTION: This variable identifies the number of days in a 3-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.

SHORT NAME: —

LONG NAME: GAP_DAYS_INNPP_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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 Part D 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_OS

LABEL: Gap In-Network Non-Preferred Pharmacy — days in other day supply

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

SHORT NAME: —

LONG NAME: GAP_DAYS_INNPP_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 In-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 in-network pharmacy (INP; also known as a standard retail pharmacy) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_DAYS_INP_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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 Part D 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 In-Network Pharmacy — days in 2-month supply

DESCRIPTION: This variable identifies the number of days in a 2-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.

SHORT NAME: —

LONG NAME: GAP_DAYS_INP_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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 In-Network Pharmacy — days in 3-month supply

DESCRIPTION: This variable identifies the number of days in a 3-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.

SHORT NAME: —

LONG NAME: GAP_DAYS_INP_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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 Part D 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_OS

LABEL: Gap In-Network Pharmacy — days in other days' supply

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

SHORT NAME: —

LONG NAME: GAP_DAYS_INP_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 In-Network Preferred 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 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.

SHORT NAME: —

LONG NAME: GAP_DAYS_INPP_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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 Part D 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 In-Network Preferred Pharmacy - days in 2-month supply

DESCRIPTION: This variable identifies the number of days in a 2-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.

SHORT NAME: —

LONG NAME: GAP_DAYS_INPP_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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 In-Network Preferred Pharmacy — days in 3-month supply

DESCRIPTION: This variable identifies the number of days in a 3-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.

SHORT NAME: —

LONG NAME: GAP_DAYS_INPP_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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 Part D 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_OS

LABEL: Gap In-Network Preferred Pharmacy - days in other days' supply

DESCRIPTION: This variable identifies the number of days in an "other" day's supply of the drugs (other than 1-month) on this tier, when using an in-network preferred pharmacy (INPP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_DAYS_INPP_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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 Part D 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.
SHORT NAME:	—
LONG NAME:	GAP_DAYS_LTCP_1M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was populated 2008–2012 and 2014+. It 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 Part D 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_B_1M

LABEL:	Gap Long Term Care Pharmacy — days in 1-month supply of brand name drugs
DESCRIPTION:	This variable identifies the number of days in a one-month supply of brand name drugs on this tier, when using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	GAP_DAYS_LTCP_B_1M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	<p>This variable was populated only in 2013. It 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 may offer a different days supply for generic drugs on this tier; see the corresponding LTCP generic drug variable called (GAP_DAYS_LTCP_G_1M).</p> <p>The CCW constructs the Plan Characteristics file from information submitted by Part D 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. For those plans that did not report, the value of this variable will be blank.</p>

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GAP_DAYS_LTCP_B_OS

LABEL: Gap Long Term Care Pharmacy — days in other days' supply of brand name drugs

DESCRIPTION: This variable identifies the number of days in an "other" day's supply of brand name drugs (other than 1 month) on this tier, when using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_DAYS_LTCP_B_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated only in 2013. It 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 may offer a different day's supply for generic drugs on this tier; see the corresponding LTCP generic drug variable called (GAP_DAYS_LTCP_G_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_G_1M

LABEL: Gap Long Term Care Pharmacy — days in 1-month supply of generic drugs

DESCRIPTION: This variable identifies the number of days in a one-month supply of generic drugs on this tier, when using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_DAYS_LTCP_G_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated only in 2013. It 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 may offer a different days' supply for brand name drugs on this tier; see the corresponding LTCP brand name drug variable called (GAP_DAYS_LTCP_B_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_G_OS

LABEL: Gap Long Term Care Pharmacy — days in other days' supply of generic drugs

DESCRIPTION: This variable identifies the number of days in an "other" day's supply of generic drugs (other than 1 month) on this tier, when using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_DAYS_LTCP_G_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated only in 2013. It 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 may offer a different days' supply for brand name drugs on this tier; see the corresponding LTCP brand name drug variable called (GAP_DAYS_LTCP_B_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_1M

LABEL: Gap Mail Order 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 standard mail order pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_DAYS_MO_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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 Part D 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 Mail Order Pharmacy — days in 2-month supply

DESCRIPTION: This variable identifies the number of days in a 2-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.

SHORT NAME: —

LONG NAME: GAP_DAYS_MO_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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 Mail Order Pharmacy — days in 3-month supply

DESCRIPTION: This variable identifies the number of days in a 3-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.

SHORT NAME: —

LONG NAME: GAP_DAYS_MO_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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 Part D 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_OS

LABEL: Gap Mail Order Pharmacy — days in other days' supply

DESCRIPTION: This variable identifies the number of days in an "other" day's supply of the drugs (other than 1 or 3 months) on this tier, when using mail order pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_DAYS_MO_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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 Part D 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 Mail Order Non-Preferred 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 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.

SHORT NAME: —

LONG NAME: GAP_DAYS_MONPP_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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 Part D 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 Mail Order Non-Preferred Pharmacy — days in 2-month supply

DESCRIPTION: This variable identifies the number of days in a 2-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.

SHORT NAME: —

LONG NAME: GAP_DAYS_MONPP_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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 Mail Order Non-Preferred Pharmacy — days in 3-month supply

DESCRIPTION: This variable identifies the number of days in a 3-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.

SHORT NAME: —

LONG NAME: GAP_DAYS_MONPP_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

COMMENT: This variable was new in 2007. It 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 Part D 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_OS

LABEL: Gap Mail Order Non-Preferred Pharmacy — days in other days' supply

DESCRIPTION: This variable identifies the number of days in an "other" day's supply of the drugs (other than 1- or 3-months) on this tier, when using mail order non-preferred pharmacy (MONPP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_DAYS_MONPP_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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 Part D 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 Mail Order Preferred 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 mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	GAP_DAYS_MOPP_1M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was new in 2007. It 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 Part D 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_2M

LABEL:	Gap Mail Order Preferred Pharmacy — days in 2-month supply
DESCRIPTION:	This variable identifies the number of days in a 2-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.
SHORT NAME:	—
LONG NAME:	GAP_DAYS_MOPP_2M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was new in 2013. It 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 Part D 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_3M

LABEL:	Gap Mail Order Preferred Pharmacy - days in 3-month supply
DESCRIPTION:	This variable identifies the number of days in a 3-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.
SHORT NAME:	—
LONG NAME:	GAP_DAYS_MOPP_3M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was new in 2007. It 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 Part D 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_OS

LABEL: Gap Mail Order Preferred Pharmacy — days in other days' supply

DESCRIPTION: This variable identifies the number of days in an "other" day's supply of the drugs (other than 1- or 3-months) on this tier, when using mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_DAYS_MOPP_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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 Part D 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_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.
SHORT NAME:	—
LONG NAME:	GAP_DAYS_OONP_1M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was new in 2007. It 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 Part D 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_OONP_3M

LABEL: Gap Out-of-Network Pharmacy — days in 3-month supply

DESCRIPTION: This variable identifies the number of days in a 3-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.

SHORT NAME: —

LONG NAME: GAP_DAYS_OONP_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only available in 2007. It 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 Part D 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_OONP_OS

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

DESCRIPTION: This variable identifies the number of days in an "other" day's 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.

SHORT NAME: —

LONG NAME: GAP_DAYS_OONP_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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 Part D 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_DRUG_TYPE_TIER_01

LABEL: Gap Drug Type for Tier 1

DESCRIPTION: This variable identifies what types of drugs, if any, are covered in this formulary tier during the coverage gap phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: GAP_DRUG_TYPE_TIER_01

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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 gap coverage 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

COMMENT: This variable was new in 2007. There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See GAP_DRUG_TYPE_TIER_01 - GAP_DRUG_TYPE_TIER_09.

During 2008–2010 there were seven tiers (i.e., variables called GAP_DRUG_TYPE_TIER_08 and GAP_DRUG_TYPE_TIER_09 did not apply). For 2011 and later, there were only six tiers (i.e., variable called GAP_DRUG_TYPE_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_DRUG_TYPE_TIER_02

LABEL: Gap Drug Type for Tier 2

DESCRIPTION: This variable identifies what types of drugs, if any, are covered in this formulary tier during the coverage gap phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: GAP_DRUG_TYPE_TIER_02

TYPE: CHAR

LENGTH: 6

SOURCE: CHAR

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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 gap coverage 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

COMMENT: This variable was new in 2007.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See GAP_DRUG_TYPE_TIER_01 - GAP_DRUG_TYPE_TIER_09.

During 2008 - 2010 there were seven tiers (i.e., variables called GAP_DRUG_TYPE_TIER_08 and GAP_DRUG_TYPE_TIER_09 did not apply). For 2011 and later, there were only six tiers (i.e., variable called GAP_DRUG_TYPE_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS). Medicare payments are described in detail in a series of Medicare Payment Advisory Commission (MedPAC) documents called "Payment Basics" (reference: <http://www.medpac.gov/-documents-/payment-basics>).

Also in the Medicare Learning Network (MLN) "Payment System Fact Sheet Series" (reference: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html>).

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GAP_DRUG_TYPE_TIER_03

LABEL: Gap Drug Type for Tier 3

DESCRIPTION: This variable identifies what types of drugs, if any, are covered in this formulary tier during the coverage gap phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: GAP_DRUG_TYPE_TIER_03

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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 gap coverage 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

COMMENT: This variable was new in 2007.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See GAP_DRUG_TYPE_TIER_01 - GAP_DRUG_TYPE_TIER_09.

During 2008 - 2010 there were seven tiers (i.e., variables called GAP_DRUG_TYPE_TIER_08 and GAP_DRUG_TYPE_TIER_09 did not apply). For 2011 and later, there were only six tiers (i.e., variable called GAP_DRUG_TYPE_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_DRUG_TYPE_TIER_04

LABEL: Gap Drug Type for Tier 4

DESCRIPTION: This variable identifies what types of drugs, if any, are covered in this formulary tier during the coverage gap phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: GAP_DRUG_TYPE_TIER_04

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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 gap coverage 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

COMMENT: This variable was new in 2007.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See GAP_DRUG_TYPE_TIER_01 - GAP_DRUG_TYPE_TIER_09.

During 2008 - 2010 there were seven tiers (i.e., variables called GAP_DRUG_TYPE_TIER_08 and GAP_DRUG_TYPE_TIER_09 did not apply). For 2011 and later, there were only six tiers (i.e., variable called GAP_DRUG_TYPE_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_DRUG_TYPE_TIER_05

LABEL: Gap Drug Type for Tier 5

DESCRIPTION: This variable identifies what types of drugs, if any, are covered in this formulary tier during the coverage gap phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: GAP_DRUG_TYPE_TIER_05

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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 gap coverage 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

COMMENT: This variable was new in 2007.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See GAP_DRUG_TYPE_TIER_01 - GAP_DRUG_TYPE_TIER_09.

During 2008 - 2010 there were seven tiers (i.e., variables called GAP_DRUG_TYPE_TIER_08 and GAP_DRUG_TYPE_TIER_09 did not apply). For 2011 and later, there were only six tiers (i.e., variable called GAP_DRUG_TYPE_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_DRUG_TYPE_TIER_06

LABEL: Gap Drug Type for Tier 6

DESCRIPTION: This variable identifies what types of drugs, if any, are covered in this formulary tier during the coverage gap phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: GAP_DRUG_TYPE_TIER_06

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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 gap coverage 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

COMMENT: This variable was new in 2007.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See GAP_DRUG_TYPE_TIER_01 - GAP_DRUG_TYPE_TIER_09.

During 2008 - 2010 there were seven tiers (i.e., variables called GAP_DRUG_TYPE_TIER_08 and GAP_DRUG_TYPE_TIER_09 did not apply). For 2011 and later, there were only six tiers (i.e., variable called GAP_DRUG_TYPE_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_DRUG_TYPE_TIER_07

LABEL: Gap Drug Type for Tier 7

DESCRIPTION: This variable identifies what types of drugs, if any, are covered in this formulary tier during the coverage gap phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types. The amount of the outlier portion of the PPS payment for capital.

This is one component of the total amount that is payable for capital PPS for the claim. The total capital amount, which includes this variable, is in the variable CLM_TOT_PPS_CPTL_AMT.

SHORT NAME: —

LONG NAME: GAP_DRUG_TYPE_TIER_07

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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 gap coverage 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

COMMENT: This variable was new in 2007.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See GAP_DRUG_TYPE_TIER_01 - GAP_DRUG_TYPE_TIER_09.

During 2008 - 2010 there were seven tiers (i.e., variables called GAP_DRUG_TYPE_TIER_08 and GAP_DRUG_TYPE_TIER_09 did not apply). For 2011 and later, there were only six tiers (i.e., variable called GAP_DRUG_TYPE_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_DRUG_TYPE_TIER_08

LABEL: Gap Drug Type for Tier 8

DESCRIPTION: This variable identifies what types of drugs, if any, are covered in this formulary tier during the coverage gap phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: GAP_DRUG_TYPE_TIER_08

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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 gap coverage 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

COMMENT: This variable was new in 2007.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See GAP_DRUG_TYPE_TIER_01 - GAP_DRUG_TYPE_TIER_09.

During 2008–2010 there were seven tiers (i.e., variables called GAP_DRUG_TYPE_TIER_08 and GAP_DRUG_TYPE_TIER_09 did not apply). For 2011 and later, there were only six tiers (i.e., variable called GAP_DRUG_TYPE_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_DRUG_TYPE_TIER_09

LABEL: Gap Drug Type for Tier 9

DESCRIPTION: This variable identifies what types of drugs, if any, are covered in this formulary tier during the coverage gap phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: GAP_DRUG_TYPE_TIER_09

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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 gap coverage 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

COMMENT: This variable was new in 2007.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See GAP_DRUG_TYPE_TIER_01 - GAP_DRUG_TYPE_TIER_09.

During 2008 - 2010 there were seven tiers (i.e., variables called GAP_DRUG_TYPE_TIER_08 and GAP_DRUG_TYPE_TIER_09 did not apply). For 2011 and later, there were only six tiers (i.e., variable called GAP_DRUG_TYPE_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INNPP_COINS_1M

LABEL: Gap In-Network Non-Preferred Pharmacy Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: GAP_INNPP_COINS_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_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 Part D 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 In-Network Non-Preferred Pharmacy Coinsurance for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 2-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.

SHORT NAME: —

LONG NAME: GAP_INNPP_COINS_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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; see instead the corresponding co-payment variable called (GAP_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 Part D 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 In-Network Non-Preferred Pharmacy Coinsurance for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: GAP_INNPP_COINS_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_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 Part D 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 In-Network Non-Preferred Pharmacy Average Expected Coinsurance for 1-month supply
DESCRIPTION:	This variable identifies the average expected cost-sharing amount in dollars for beneficiary co-insurance for a 1-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.
SHORT NAME:	—
LONG NAME:	GAP_INNPP_COINS_AVG_1M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was new in 2013. It 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 Part D 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_OS

LABEL: Gap In-Network Non-Preferred 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- or 3-months) on this tier, using an in-network non-preferred pharmacy (INNPP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_INNPP_COINS_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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; see instead the corresponding co-payment variable called (GAP_INNPP_COPAY_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 In-Network Non-Preferred Pharmacy Copay for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 1-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.

SHORT NAME: —

LONG NAME: GAP_INNPP_COPAY_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see 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 Part D 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 In-Network Non-Preferred Pharmacy Copay for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 2-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.

SHORT NAME: —

LONG NAME: GAP_INNPP_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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; see 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 Part D 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 In-Network Non-Preferred Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 3-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.

SHORT NAME: —

LONG NAME: GAP_INNPP_COPAY_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see 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 Part D 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 In-Network Non-Preferred Pharmacy Copay for one day's 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.
SHORT NAME:	—
LONG NAME:	GAP_INNPP_COPAY_DAILY
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was new in 2013. It 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 Part D 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_OS

LABEL: Gap In-Network Non-Preferred 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 in-network non-preferred pharmacy (INNPP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_INNPP_COPAY_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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; see instead the corresponding co-payment variable called (GAP_INNPP_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_1M_COINS_TIER_01

LABEL: Coverage Gap In-Network Pharmacy Coinsurance for 1-Month Supply on Tier 1

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COINS_TIER_01

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. Reference GAP_INP_1M_COINS_TIER_01 - GAP_INP_1M_COINS_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables GAP_INP_1M_COINS_TIER_08 and GAP_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COINS_TIER_02

LABEL: Coverage Gap In-Network Pharmacy Coinsurance for 1-month Supply on Tier 2

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COINS_TIER_02

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_INP_1M_COINS_TIER_01 - GAP_INP_1M_COINS_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables GAP_INP_1M_COINS_TIER_08 and GAP_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COINS_TIER_03

LABEL: Coverage Gap In-Network Pharmacy Coinsurance for 1-month Supply on Tier 3

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COINS_TIER_03

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. Reference GAP_INP_1M_COINS_TIER_01 - GAP_INP_1M_COINS_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables GAP_INP_1M_COINS_TIER_08 and GAP_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COINS_TIER_04

LABEL: Coverage Gap In-Network Pharmacy Coinsurance for 1-month Supply on Tier 4

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COINS_TIER_04

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_INP_1M_COINS_TIER_01 - GAP_INP_1M_COINS_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables GAP_INP_1M_COINS_TIER_08 and GAP_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COINS_TIER_05

LABEL: Coverage Gap In-Network Pharmacy Coinsurance for 1 month Supply on Tier 5

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COINS_TIER_05

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_INP_1M_COINS_TIER_01 - GAP_INP_1M_COINS_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables GAP_INP_1M_COINS_TIER_08 and GAP_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COINS_TIER_06

LABEL: Coverage Gap In-Network Pharmacy Coinsurance for 1-month Supply on Tier 6

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COINS_TIER_06

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_INP_1M_COINS_TIER_01 - GAP_INP_1M_COINS_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables GAP_INP_1M_COINS_TIER_08 and GAP_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COINS_TIER_07

LABEL: Coverage Gap In-Network Pharmacy Coinsurance for 1-month Supply on Tier 7

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COINS_TIER_07

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_INP_1M_COINS_TIER_01 - GAP_INP_1M_COINS_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables GAP_INP_1M_COINS_TIER_08 and GAP_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COINS_TIER_08

LABEL: Coverage Gap In-Network Pharmacy Coinsurance for 1-month Supply on Tier 8

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COINS_TIER_08

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_INP_1M_COINS_TIER_01 - GAP_INP_1M_COINS_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables GAP_INP_1M_COINS_TIER_08 and GAP_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS). This number is used by the fiscal intermediary and the Peer Review Organization.

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GAP_INP_1M_COINS_TIER_09

LABEL: Coverage Gap In-Network Pharmacy Coinsurance for 1-month Supply on Tier 9

DESCRIPTION: This field identifies the payment for disproportionate share hospitals (DSH). It represents the uncompensated care amount of the payment.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COINS_TIER_09

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_INP_1M_COINS_TIER_01 - GAP_INP_1M_COINS_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables GAP_INP_1M_COINS_TIER_08 and GAP_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS). This field applies only to inpatient claims.

These payments were authorized as part of Section 3133 of the Affordable Care Act (ACA).

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GAP_INP_1M_COPAY_TIER_01

LABEL: Coverage Gap In-Network Pharmacy Copay for 1 Month Supply on Tier 1

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COPAY_TIER_01

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_INP_1M_COPAY_TIER_01 - GAP_INP_1M_COPAY_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables GAP_INP_1M_COPAY_TIER_08 and GAP_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COPAY_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COPAY_TIER_02

LABEL: Coverage Gap In-Network Pharmacy Copay for 1-month Supply on Tier 2

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COPAY_TIER_02

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_INP_1M_COPAY_TIER_01 - GAP_INP_1M_COPAY_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables GAP_INP_1M_COPAY_TIER_08 and GAP_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COPAY_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COPAY_TIER_03

LABEL: Coverage Gap In-Network Pharmacy Copay for 1-month Supply on Tier 3

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COPAY_TIER_03

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_INP_1M_COPAY_TIER_01 - GAP_INP_1M_COPAY_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables GAP_INP_1M_COPAY_TIER_08 and GAP_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COPAY_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COPAY_TIER_04

LABEL: Coverage Gap In-Network Pharmacy Copay for 1-month Supply on Tier 4

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COPAY_TIER_04

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_INP_1M_COPAY_TIER_01 - GAP_INP_1M_COPAY_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables GAP_INP_1M_COPAY_TIER_08 and GAP_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COPAY_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COPAY_TIER_05

LABEL: Coverage Gap In-Network Pharmacy Copay for 1-month Supply on Tier 5

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COPAY_TIER_05

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_INP_1M_COPAY_TIER_01 - GAP_INP_1M_COPAY_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables GAP_INP_1M_COPAY_TIER_08 and GAP_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COPAY_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COPAY_TIER_06

LABEL: Coverage Gap In-Network Pharmacy Copay for 1-month Supply on Tier 6

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COPAY_TIER_06

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_INP_1M_COPAY_TIER_01 - GAP_INP_1M_COPAY_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables GAP_INP_1M_COPAY_TIER_08 and GAP_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COPAY_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COPAY_TIER_07

LABEL: Coverage Gap In-Network Pharmacy Copay for 1-month Supply on Tier 7

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COPAY_TIER_07

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_INP_1M_COPAY_TIER_01 - GAP_INP_1M_COPAY_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables GAP_INP_1M_COPAY_TIER_08 and GAP_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COPAY_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COPAY_TIER_08

LABEL: Coverage Gap In-Network Pharmacy Copay for 1-month Supply on Tier 8

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COPAY_TIER_08

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_INP_1M_COPAY_TIER_01 - GAP_INP_1M_COPAY_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables GAP_INP_1M_COPAY_TIER_08 and GAP_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COPAY_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_1M_COPAY_TIER_09

LABEL: Coverage Gap In-Network Pharmacy Copay for 1 month Supply on Tier 9

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_INP_1M_COPAY_TIER_09

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_INP_1M_COPAY_TIER_01 - GAP_INP_1M_COPAY_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables GAP_INP_1M_COPAY_TIER_08 and GAP_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called GAP_INP_1M_COPAY_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_INP_COINS_1M

LABEL: Gap In-Network Pharmacy Coinsurance for 1-month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: GAP_INP_COINS_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_INP_COPAY_1M). This variable also appears in the Plan Characteristics - Base File (see GAP_INP_1M_COINS_TIER_01 - GAP_INP_1M_COINS_TIER_09).

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 Part D 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 In-Network Pharmacy Coinsurance for 2-month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 2-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.

SHORT NAME: —

LONG NAME: GAP_INP_COINS_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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; see 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 Part D 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 In-Network Pharmacy Coinsurance for 3-month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 3-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.

SHORT NAME: —

LONG NAME: GAP_INP_COINS_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see 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 Part D 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 In-Network Pharmacy Average Expected Coinsurance for 1-month Supply

DESCRIPTION: This variable identifies the average expected cost-sharing amount in dollars for beneficiary co-insurance for a 1-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.

SHORT NAME: —

LONG NAME: GAP_INP_COINS_AVG_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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_OS

LABEL: Gap In-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- or 3-months) on this tier, using an in-network pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_INP_COINS_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 In-Network Pharmacy Copay for 1 month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 1-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.

SHORT NAME: —

LONG NAME: GAP_INP_COPAY_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_INP_COINS_1M). This variable also appears in the Plan Characteristics - Base File (see GAP_INP_1M_COPAY_TIER_01 - GAP_INP_1M_COPAY_TIER_09).

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 Part D 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 In-Network Pharmacy Copay for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 2-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.

SHORT NAME: —

LONG NAME: GAP_INP_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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; see 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 Part D 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 In-Network Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 3-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.

SHORT NAME: —

LONG NAME: GAP_INP_COPAY_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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 Part D 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 In-Network Pharmacy Copay for one 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.

SHORT NAME: —

LONG NAME: GAP_INP_COPAY_DAILY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. 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 Part D 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_OS

LABEL: Gap In-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 in-network pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_INP_COPAY_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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; see instead the corresponding co-payment variable called (GAP_INP_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 In-Network Preferred Pharmacy Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: GAP_INPP_COINS_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see 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 Part D 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 In-Network Preferred Pharmacy Coinsurance for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 2-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.

SHORT NAME: —

LONG NAME: GAP_INPP_COINS_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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. This field was new in 2012 and is null/missing for all previous years.

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GAP_INPP_COINS_3M

LABEL: Gap In-Network Preferred Pharmacy Coinsurance for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 3-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.

SHORT NAME: —

LONG NAME: GAP_INPP_COINS_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see 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 Part D 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 In-Network Preferred Pharmacy Average Expected Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a day's supply of the drugs (other than 1- or 3-months) on this tier, using an in-network preferred pharmacy (INPP) during the coverage gap phase of the Part D benefit other supply.

SHORT NAME: —

LONG NAME: GAP_INPP_COINS_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 In-Network Preferred Pharmacy Copay for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 1-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.

SHORT NAME: —

LONG NAME: GAP_INPP_COPAY_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see 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 Part D 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 In-Network Preferred Pharmacy Copay for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 2-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.

SHORT NAME: —

LONG NAME: GAP_INPP_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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 In-Network Preferred Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 3-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.

SHORT NAME: —

LONG NAME: GAP_INPP_COPAY_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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 Part D 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 In-Network Preferred Pharmacy Copay for 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. Effective with Version 'J,' the code used to indicate if the diagnosis E code is ICD-9 or ICD-10.

SHORT NAME: —

LONG NAME: GAP_INPP_COPAY_DAILY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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_OS

LABEL:	Gap In-Network Preferred 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 in-network preferred pharmacy (INPP) during the coverage gap phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	GAP_INPP_COPAY_OS
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was only populated from 2007–2012. It 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; see instead the corresponding co-payment variable called (GAP_INPP_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: GAP_LTCP_COINS_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated 2008–2012 and 2014+. It 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; see instead the corresponding co-payment variable called (GAP_LTCP_COPAY_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_B_1M

- LABEL:** Gap Long Term Care Pharmacy Coinsurance for 1-month supply of brand name drugs
- DESCRIPTION:** This variable identifies the beneficiary co-insurance percentage for a 1-month supply of brand name drugs on this tier, using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.
- SHORT NAME:** —
- LONG NAME:** GAP_LTCP_COINS_B_1M
- TYPE:** NUM
- LENGTH:** 8
- SOURCE:** CMS (HPMS Files)
- VALUES:** —
- COMMENT:** This variable was populated only in 2013. It 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 may offer a different coinsurance percentage for generic drugs on this tier; see the corresponding LTCP generic drug variable called (GAP_LTCP_COINS_G_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_G_1M

- LABEL:** Gap Long Term Care Pharmacy Coinsurance for 1-month supply of generic drugs
- DESCRIPTION:** This variable identifies the beneficiary co-insurance percentage for a 1-month supply of generic drugs on this tier, using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.
- SHORT NAME:** —
- LONG NAME:** GAP_LTCP_COINS_G_1M
- TYPE:** NUM
- LENGTH:** 8
- SOURCE:** CMS (HPMS Files)
- VALUES:** —
- COMMENT:** This variable was populated only in 2013. It 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 may offer a different coinsurance percentage for brand name drugs on this tier; see the corresponding LTCP brand name drug variable called (GAP_LTCP_COINS_B_1M). The CCW constructs the Plan Characteristics file from information submitted by Part D 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 for 1-month supply
DESCRIPTION:	This variable identifies the beneficiary co-payment amount for a 1-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.
SHORT NAME:	—
LONG NAME:	GAP_LTCP_COPAY_1M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was populated 2008–2012 and 2014+. It 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; see instead the corresponding co-payment variable called (GAP_LTCP_COINS_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_B_1M

LABEL:	Gap Long Term Care Pharmacy Copay for 1-month supply of brand name drugs
DESCRIPTION:	This variable identifies the beneficiary co-payment amount for a 1-month supply of brand name drugs on this tier, using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	GAP_LTCP_COPAY_B_1M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was populated only in 2013. It 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 may offer a different coinsurance percentage for generic drugs on this tier; see the corresponding LTCP generic drug variable called (GAP_LTCP_COPAY_G_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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. This field is available only in the Hospital Outpatient data file (no other claim types).

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GAP_LTCP_COPAY_B_DAILY

LABEL:	Gap Long Term Care Pharmacy Copay for 1-day supply of brand name drugs
DESCRIPTION:	This variable identifies the beneficiary co-payment amount for a 1-day supply of brand name drugs on this tier, using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	GAP_LTCP_COPAY_B_DAILY
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was populated only in 2013. It 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 may offer a different coinsurance percentage for generic drugs on this tier; see the corresponding LTCP generic drug variable called (GAP_LTCP_COPAY_G_DAILY).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_DAILY

LABEL:	Gap Long Term Care Pharmacy Copay for 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 coverage gap phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	GAP_LTCP_COPAY_DAILY
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	1 = HPSA 2 = Scarcity 3 = Both 5 =HPSA and HSIP 6 =PCIP 7 = HPSA and PCIP Space = Not applicable
COMMENT:	<p>This variable was new in 2014. It will only be populated if the plan has an enhanced benefit design with extra coverage in the gap.</p> <p>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 Part D 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. For those plans that did not report, the value of this variable will be blank.</p>

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GAP_LTCP_COPAY_G_1M

LABEL:	Gap Long Term Care Pharmacy Copay for 1-month supply of generic drugs
DESCRIPTION:	This variable identifies the beneficiary co-payment amount for a 1-month supply of generic drugs on this tier, using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	GAP_LTCP_COPAY_G_1M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was populated only in 2013. It 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 may offer a different coinsurance percentage for brand name drugs on this tier; see the corresponding LTCP brand name drug variable called (GAP_LTCP_COPAY_B_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_G_DAILY

LABEL:	Gap Long Term Care Pharmacy Copay for 1-day supply of generic drugs
DESCRIPTION:	This variable identifies the beneficiary co-payment amount for a one-day supply of generic drugs on this tier, using a long-term care pharmacy (LTCP) during the coverage gap phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	
TYPE:	MUN
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was populated only in 2013. It 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 may offer a different coinsurance percentage for brand name drugs on this tier; see the corresponding LTCP brand name drug variable called (GAP_LTCP_COPAY_B_DAILY).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Pharmacy Coinsurance for 1-month supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a 1-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	GAP_MO_COINS_1M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was new in 2007. It 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; see 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 Part D 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 Mail Order Pharmacy Coinsurance for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 2 month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MO_COINS_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_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 Part D 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. On October 1, 2015, the conversion from the 9th version of the International Classification of Diseases (ICD-9-CM) to version 10 (ICD-10-PCS) occurred.

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GAP_MO_COINS_3M

LABEL:	Gap Mail Order Pharmacy Coinsurance for 3-month supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a 3-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	GAP_MO_COINS_3M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_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 Part D 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_OS

LABEL: Gap Mail Order 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- or 3-months) on this tier, using a mail order pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MO_COINS_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007 - 2012. It 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; see instead the corresponding co-payment variable called (GAP_MO_COPAY_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Pharmacy Copay for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 1-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MO_COPAY_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see 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 Part D 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 Mail Order Pharmacy Copay for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 2-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MO_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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; see 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 Part D 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 Mail Order Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 3-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MO_COPAY_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see 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 Part D 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. Values C, M, N and Null/missing indicate Medicare is primary payer.

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GAP_MO_COPAY_DAILY

LABEL: Gap Mail Order Pharmacy Copay for 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.

SHORT NAME: —

LONG NAME: GAP_MO_COPAY_DAILY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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_OS

LABEL: Gap Mail Order 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 a mail order pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MO_COPAY_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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; see instead the corresponding co-payment variable called (GAP_MO_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Pharmacy Copay for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 1-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MO_COPAY_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see 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 Part D 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 Mail Order Pharmacy Copay for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 2-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MO_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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; see 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 Part D 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 Mail Order Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 3-month supply of the drugs on this tier, using a standard mail order pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MO_COPAY_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see 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 Part D 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 Mail Order Pharmacy Copay for 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.

SHORT NAME: —

LONG NAME: GAP_MO_COPAY_DAILY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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_OS

LABEL: Gap Mail Order 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 a mail order pharmacy during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MO_COPAY_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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; see instead the corresponding co-payment variable called (GAP_MO_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Non-Preferred Pharmacy Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: GAP_MONPP_COINS_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_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 Part D 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 Mail Order Non-Preferred Pharmacy Coinsurance for 2-month supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a 2-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.
SHORT NAME:	—
LONG NAME:	GAP_MONPP_COINS_2M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was new in 2013. It 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; see 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 Part D 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 Mail Order Non-Preferred Pharmacy Coinsurance for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 3-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.

SHORT NAME: —

LONG NAME: GAP_MONPP_COINS_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see 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 Part D 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_OS

LABEL: Gap Mail Order Non-Preferred 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 or 3 months) on this tier, using a mail order non-preferred pharmacy (MONPP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MONPP_COINS_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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; see instead the corresponding co-payment variable called (GAP_MONPP_COPAY_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Non-Preferred Pharmacy Copay for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 1-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.

SHORT NAME: —

LONG NAME: GAP_MONPP_COPAY_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see 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 Part D 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 Mail Order Non-Preferred Pharmacy Copay for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 2-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.

SHORT NAME: —

LONG NAME: GAP_MONPP_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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; see 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 Part D 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 Mail Order Non-Preferred Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 3-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.

SHORT NAME: —

LONG NAME: GAP_MONPP_COPAY_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_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 Part D 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 Mail Order Non-Preferred Pharmacy Copay for 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.

SHORT NAME: —

LONG NAME: GAP_MONPP_COPAY_DAILY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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_OS

LABEL: Gap Mail Order Non-Preferred 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) this tier, using a mail order non-preferred pharmacy (MONPP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MONPP_COPAY_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. It 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; see instead the corresponding co-payment variable called (GAP_MONPP_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Preferred Pharmacy Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: GAP_MOPP_COINS_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_MOPP_COPAY_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Preferred Pharmacy Coinsurance for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 2-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.

SHORT NAME: —

LONG NAME: GAP_MOPP_COINS_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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; see instead the corresponding co-payment variable called (GAP_MOPP_COPAY_2M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Preferred Pharmacy Coinsurance for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 3-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.

SHORT NAME: —

LONG NAME: GAP_MOPP_COINS_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_MOPP_COPAY_3M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_OS

LABEL: Gap Mail Order Preferred 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 or 3 months) on this tier, using a mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MOPP_COINS_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007-2012. It 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; see instead the corresponding co-payment variable called (GAP_MOPP_COPAY_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Preferred Pharmacy Copay for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 1-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.

SHORT NAME: —

LONG NAME: GAP_MOPP_COPAY_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_MOPP_COINS_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Preferred Pharmacy Copay for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 2-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.

SHORT NAME: —

LONG NAME: GAP_MOPP_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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; see instead the corresponding co-payment variable called (GAP_MOPP_COINS_2M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Preferred Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 3-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.

SHORT NAME: —

LONG NAME: GAP_MOPP_COPAY_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_MOPP_COINS_3M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Preferred Pharmacy Copay for 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.

SHORT NAME: —

LONG NAME: GAP_MOPP_COPAY_DAILY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. It 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 Part D 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_OS

LABEL: Gap Mail Order Preferred 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 a mail order preferred pharmacy (MOPP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_MOPP_COPAY_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007 - 2012. It 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; see instead the corresponding co-payment variable called (GAP_MOPP_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_1M

LABEL: Gap Out-of-Network Pharmacy Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: GAP_OONP_COINS_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_OONP_COPAY_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_3M

LABEL: Gap Out-of-Network Pharmacy Coinsurance for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 3-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.

SHORT NAME: —

LONG NAME: GAP_OONP_COINS_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_OONP_COPAY_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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- or 3-months) on this tier, using an out-of-network pharmacy (OONP) during the coverage gap phase of the Part D benefit.

SHORT NAME: —

LONG NAME: GAP_OONP_COINS_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007 - 2012. It 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; see instead the corresponding co-payment variable called (GAP_OONP_COPAY_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 1-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.

SHORT NAME: —

LONG NAME: GAP_OONP_COPAY_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_OONP_COINS_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_3M

LABEL: Gap Out-of-Network Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 3-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.

SHORT NAME: —

LONG NAME: GAP_OONP_COPAY_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated in 2007. It 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; see instead the corresponding co-payment variable called (GAP_OONP_COINS_3M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 or 3 months) on this tier, using an out-of-network pharmacy (OONP) during the coverage gap phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	NCH_BENE_IP_DDCTBL_AMT
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was new in 2007. It 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; see instead the corresponding co-payment variable called (GAP_OONP_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_PARTIAL_TIER_01

LABEL: Partial Gap Coverage on Tier 1

DESCRIPTION: This variable indicates whether the Part D plans that offer some cost sharing in the gap (i.e., those where the GAP_TIER value for this tier = "Y" [yes]), this variable indicates whether or not the cost sharing applies to a partial list of drugs.

If only a limited number of drugs on the tier are covered during the gap, then this value will be "Y". If all drugs on the tier are covered through the gap, then this value will be "N".

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TIER_01

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes, limited drugs
N = No, all drugs covered
9 = Not Applicable, no gap coverage
X = Unknown

COMMENT: This variable was new in 2008.

There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07.

For 2011 and later, there were only six tiers (i.e., variable called GAP_PARTIAL_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TIER_02

LABEL: Partial Gap Coverage on Tier 2

DESCRIPTION: This variable indicates whether the Part D plans that offer some cost sharing in the gap (i.e., those where the GAP_TIER value for this tier = "Y" [yes]), this variable indicates whether or not the cost sharing applies to a partial list of drugs.

If only a limited number of drugs on the tier are covered during the gap, then this value will be "Y". If all drugs on the tier are covered through the gap, then this value will be "N".

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TIER_02

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes, limited drugs
N = No, all drugs covered
9 = Not Applicable, no gap coverage
X = Unknown

COMMENT: This variable was new in 2008.

There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07.

For 2011 and later, there were only six tiers (i.e., variable called GAP_PARTIAL_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TIER_03

LABEL: Partial Gap Coverage on Tier 3

DESCRIPTION: This variable indicates whether the Part D plans that offer some cost sharing in the gap (i.e., those where the GAP_TIER value for this tier = "Y" [yes]), this variable indicates whether or not the cost sharing applies to a partial list of drugs.

If only a limited number of drugs on the tier are covered during the gap, then this value will be "Y". If all drugs on the tier are covered through the gap, then this value will be "N".

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TIER_03

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes, limited drugs
N = No, all drugs covered
9 = Not Applicable, no gap coverage
X = Unknown

COMMENT: This variable was new in 2008.

There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07.

For 2011 and later, there were only six tiers (i.e., variable called GAP_PARTIAL_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TIER_04

LABEL: Partial Gap Coverage on Tier 4

DESCRIPTION: This variable indicates whether the Part D plans that offer some cost sharing in the gap (i.e., those where the GAP_TIER value for this tier = "Y" [yes]), this variable indicates whether or not the cost sharing applies to a partial list of drugs.

If only a limited number of drugs on the tier are covered during the gap, then this value will be "Y". If all drugs on the tier are covered through the gap, then this value will be "N". The amount of money for which the intermediary or carrier has determined that the beneficiary is liable for the Part B cash deductible on the claim.

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TIER_04

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes, limited drugs
N = No, all drugs covered
9 = Not Applicable, no gap coverage
X = Unknown

COMMENT: This variable was new in 2008.

There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07.

For 2011 and later, there were only six tiers (i.e., variable called GAP_PARTIAL_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TIER_05

LABEL: Partial Gap Coverage on Tier 5

DESCRIPTION: This variable indicates whether the Part D plans that offer some cost sharing in the gap (i.e., those where the GAP_TIER value for this tier = "Y" [yes]), this variable indicates whether or not the cost sharing applies to a partial list of drugs.

If only a limited number of drugs on the tier are covered during the gap, then this value will be "Y". If all drugs on the tier are covered through the gap, then this value will be "N".

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TIER_05

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes, limited drugs
N = No, all drugs covered
9 = Not Applicable, no gap coverage
X = Unknown

COMMENT: This variable was new in 2008.

There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07.

For 2011 and later, there were only six tiers (i.e., variable called GAP_PARTIAL_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TIER_06

LABEL: Partial Gap Coverage on Tier 6

DESCRIPTION: This variable indicates whether the Part D plans that offer some cost sharing in the gap (i.e., those where the GAP_TIER value for this tier = "Y" [yes]), this variable indicates whether or not the cost sharing applies to a partial list of drugs.

If only a limited number of drugs on the tier are covered during the gap, then this value will be "Y". If all drugs on the tier are covered through the gap, then this value will be "N".

Applies only to enhanced plans with gap coverage. The total submitted charges on the claim (sum of all line-level submitted charges, variable called LINE_SBMTD_CHRG_AMT).

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TIER_06

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes, limited drugs
N = No, all drugs covered
9 = Not Applicable, no gap coverage
X = Unknown

COMMENT: This variable was new in 2008.

There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07.

For 2011 and later, there were only six tiers (i.e., variable called GAP_PARTIAL_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TIER_07

LABEL: Partial Gap Coverage on Tier 7

DESCRIPTION: This variable indicates whether the Part D plans that offer some cost sharing in the gap (i.e., those where the GAP_TIER value for this tier = "Y" [yes]), this variable indicates whether or not the cost sharing applies to a partial list of drugs.

If only a limited number of drugs on the tier are covered during the gap, then this value will be "Y". If all drugs on the tier are covered through the gap, then this value will be "N".

Applies only to enhanced plans with gap coverage.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TIER_07

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes, limited drugs
N = No, all drugs covered
9 = Not Applicable, no gap coverage
X = Unknown

COMMENT: This variable was new in 2008.

There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07.

For 2011 and later, there were only six tiers (i.e., variable called GAP_PARTIAL_TIER_07 was not applicable after 2010).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TYPE_TIER_01

LABEL: Type of Partial Gap Coverage on Tier 1

DESCRIPTION: For tiers that offer some cost sharing coverage for a partial list of drugs during the gap (i.e., those where the GAP_PARTIAL_TIER value for this tier = "Y" [yes]), this variable describes the type(s) of drugs.

Applies only to enhanced plans with gap coverage.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TYPE_TIER_01

TYPE: CHAR

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. For example, if the value = 11000000 (1s in the 1st and 2nd digits), then generic and only selected brand drugs are covered on this tier during the coverage gap phase.

1 in 1st digit = Only Select Brands

1 in 2nd digit = All Generics

1 in 3rd digit = All Preferred Generics

1 in 4th digit = All Non-Preferred Generics

1 in 5th digit = Only Select Generics

1 in 6th digit = All Brands

1 in 7th digit = All Preferred Brands

1 in 8th digit = All Non-Preferred Brands

COMMENT: This variable was new in 2008 and was only valid through 2010. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07.

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TYPE_TIER_02

LABEL: Type of Partial Gap Coverage on Tier 2

DESCRIPTION: For tiers that offer some cost sharing coverage for a partial list of drugs during the gap (i.e., those where the GAP_PARTIAL_TIER value for this tier = "Y" [yes]), this variable describes the type(s) of drugs.

Applies only to enhanced plans with gap coverage.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TYPE_TIER_02

TYPE: CHAR

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. For example, if the value = 11000000 (1s in the 1st and 2nd digits), then generic and only selected brand drugs are covered on this tier during the coverage gap phase.

1 in 1st digit = Only Select Brands

1 in 2nd digit = All Generics

1 in 3rd digit = All Preferred Generics

1 in 4th digit = All Non-Preferred Generics

1 in 5th digit = Only Select Generics

1 in 6th digit = All Brands

1 in 7th digit = All Preferred Brands

1 in 8th digit = All Non-Preferred Brands

COMMENT: This variable was new in 2008 and was only valid through 2010. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07. 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TYPE_TIER_03

LABEL: Type of Partial Gap Coverage on Tier 3

DESCRIPTION: For tiers that offer some cost sharing coverage for a partial list of drugs during the gap (i.e., those where the GAP_PARTIAL_TIER value for this tier = "Y" [yes]), this variable describes the type(s) of drugs.

Applies only to enhanced plans with gap coverage.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TYPE_TIER_03

TYPE: CHAR

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. For example, if the value = 11000000 (1s in the 1st and 2nd digits), then generic and only selected brand drugs are covered on this tier during the coverage gap phase.

1 in 1st digit = Only Select Brands

1 in 2nd digit = All Generics

1 in 3rd digit = All Preferred Generics

1 in 4th digit = All Non-Preferred Generics

1 in 5th digit = Only Select Generics

1 in 6th digit = All Brands

1 in 7th digit = All Preferred Brands

1 in 8th digit = All Non-Preferred Brands

COMMENT: This variable was new in 2008 and was only valid through 2010. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07. 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TYPE_TIER_04

LABEL: Type of Partial Gap Coverage on Tier 4

DESCRIPTION: For tiers that offer some cost sharing coverage for a partial list of drugs during the gap (i.e., those where the GAP_PARTIAL_TIER value for this tier = "Y" [yes]), this variable describes the type(s) of drugs.

Applies only to enhanced plans with gap coverage.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TYPE_TIER_04

TYPE: CHAR

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. For example, if the value = 11000000 (1s in the 1st and 2nd digits), then generic and only selected brand drugs are covered on this tier during the coverage gap phase.

1 in 1st digit = Only Select Brands

1 in 2nd digit = All Generics

1 in 3rd digit = All Preferred Generics

1 in 4th digit = All Non-Preferred Generics

1 in 5th digit = Only Select Generics

1 in 6th digit = All Brands

1 in 7th digit = All Preferred Brands

1 in 8th digit = All Non-Preferred Brands

COMMENT: This variable was new in 2008 and was only valid through 2010. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07. 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TYPE_TIER_05

LABEL: Type of Partial Gap Coverage on Tier 5

DESCRIPTION: For tiers that offer some cost sharing coverage for a partial list of drugs during the gap (i.e., those where the GAP_PARTIAL_TIER value for this tier = "Y" [yes]), this variable describes the type(s) of drugs.

Applies only to enhanced plans with gap coverage.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TYPE_TIER_05

TYPE: CHAR

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. For example, if the value = 11000000 (1s in the 1st and 2nd digits), then generic and only selected brand drugs are covered on this tier during the coverage gap phase.

1 in 1st digit = Only Select Brands

1 in 2nd digit = All Generics

1 in 3rd digit = All Preferred Generics

1 in 4th digit = All Non-Preferred Generics

1 in 5th digit = Only Select Generics

1 in 6th digit = All Brands

1 in 7th digit = All Preferred Brands

1 in 8th digit = All Non-Preferred Brands

COMMENT: This variable was new in 2008 and was only valid through 2010. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07. 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TYPE_TIER_06

LABEL: Type of Partial Gap Coverage on Tier 6

DESCRIPTION: For tiers that offer some cost sharing coverage for a partial list of drugs during the gap (i.e., those where the GAP_PARTIAL_TIER value for this tier = "Y" [yes]), this variable describes the type(s) of drugs.

Applies only to enhanced plans with gap coverage.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TYPE_TIER_06

TYPE: CHAR

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. For example, if the value = 11000000 (1s in the 1st and 2nd digits), then generic and only selected brand drugs are covered on this tier during the coverage gap phase.

1 in 1st digit = Only Select Brands

1 in 2nd digit = All Generics

1 in 3rd digit = All Preferred Generics

1 in 4th digit = All Non-Preferred Generics

1 in 5th digit = Only Select Generics

1 in 6th digit = All Brands

1 in 7th digit = All Preferred Brands

1 in 8th digit = All Non-Preferred Brands

COMMENT: This variable was new in 2008 and was only valid through 2010. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07. 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_PARTIAL_TYPE_TIER_07

LABEL: Type of Partial Gap Coverage on Tier 7

DESCRIPTION: For tiers that offer some cost sharing coverage for a partial list of drugs during the gap (i.e., those where the GAP_PARTIAL_TIER value for this tier = "Y" [yes]), this variable describes the type(s) of drugs.

Applies only to enhanced plans with gap coverage.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

SHORT NAME: —

LONG NAME: GAP_PARTIAL_TYPE_TIER_07

TYPE: CHAR

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. For example, if the value = 11000000 (1s in the 1st and 2nd digits), then generic and only selected brand drugs are covered on this tier during the coverage gap phase.

1 in 1st digit = Only Select Brands

1 in 2nd digit = All Generics

1 in 3rd digit = All Preferred Generics

1 in 4th digit = All Non-Preferred Generics

1 in 5th digit = Only Select Generics

1 in 6th digit = All Brands

1 in 7th digit = All Preferred Brands

1 in 8th digit = All Non-Preferred Brands

COMMENT: This variable was new in 2008 and was only valid through 2010. There are different variables to describe all possible tiers in the coverage gap benefit phase. See also GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07. 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_TIER

LABEL: Gap Tier

DESCRIPTION: Indicates whether the formulary tier has extra coverage in the during the coverage gap phase.

SHORT NAME: —

LONG NAME: GAP_TIER

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2007. 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_TIER_01

LABEL: Gap Coverage on Tier 1

DESCRIPTION: This variable indicates whether or not the Part D plan offers some cost sharing in the coverage gap for this tier.

SHORT NAME: —

LONG NAME: GAP_TIER_01

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2008.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_TIER_01 - GAP_TIER_07.

In 2011 and later, there were only six tiers (i.e., variable called GAP_TIER_07 was not applicable after 2010).

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 Part D 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_02

LABEL: Gap Coverage on Tier 2

DESCRIPTION: This variable indicates whether or not the Part D plan offers some cost sharing in the coverage gap for this tier.

SHORT NAME: —

LONG NAME: GAP_TIER_02

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2008.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_TIER_01 - GAP_TIER_07.

In 2011 and later, there were only six tiers (i.e., variable called GAP_TIER_07 was not applicable after 2010).

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 Part D 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_03

LABEL: Gap Coverage on Tier 3

DESCRIPTION: This variable indicates whether or not the Part D plan offers some cost sharing in the coverage gap for this tier.

SHORT NAME: —

LONG NAME: GAP_TIER_03

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2008.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_TIER_01 - GAP_TIER_07.

In 2011 and later, there were only six tiers (i.e., variable called GAP_TIER_07 was not applicable after 2010).

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 Part D 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_04

LABEL: Gap Coverage on Tier 4

DESCRIPTION: This variable indicates whether or not the Part D plan offers some cost sharing in the coverage gap for this tier.

SHORT NAME: —

LONG NAME: GAP_TIER_04

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2008.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_TIER_01 - GAP_TIER_07.

In 2011 and later, there were only six tiers (i.e., variable called GAP_TIER_07 was not applicable after 2010).

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 Part D 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_05

LABEL: Gap Coverage on Tier 5

DESCRIPTION: This variable indicates whether or not the Part D plan offers some cost sharing in the coverage gap for this tier.

SHORT NAME: —

LONG NAME: GAP_TIER_05

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2008.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_TIER_01 - GAP_TIER_07.

In 2011 and later, there were only six tiers (i.e., variable called GAP_TIER_07 was not applicable after 2010).

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 Part D 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_06

LABEL: Gap Coverage on Tier 6

DESCRIPTION: This variable indicates whether or not the Part D plan offers some cost sharing in the coverage gap for this tier.

SHORT NAME: —

LONG NAME: GAP_TIER_06

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2008.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_TIER_01 - GAP_TIER_07.

In 2011 and later, there were only six tiers (i.e., variable called GAP_TIER_07 was not applicable after 2010).

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 Part D 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_07

LABEL: Gap Coverage on Tier 7

DESCRIPTION: This variable indicates whether or not the Part D plan offers some cost sharing in the coverage gap for this tier.

SHORT NAME: —

LONG NAME: GAP_TIER_07

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2008.

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the coverage gap benefit phase. See GAP_TIER_01 - GAP_TIER_07.

In 2011 and later, there were only six tiers (i.e., variable called GAP_TIER_07 was not applicable after 2010).

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 Part D 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_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.

SHORT NAME: —

LONG NAME: GAP_TIER_DRUG_TYPE

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs. For example, if the value = 000011 (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

All 9s = Not Applicable

COMMENT: This variable was new in 2007. 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. Before 2015, this variable also appeared in the Plan Characteristics - Base File (see GAP_COVERAGE_TYPE). 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 Part D 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: Gap Tier Partial

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 or not 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".

SHORT NAME: —

LONG NAME: GAP_TIER_PARTIAL

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2008. This variable applies only to enhanced plans with gap coverage. This variable also appears in the Plan Characteristics - Base File (see GAP_PARTIAL_TIER_01 - GAP_PARTIAL_TIER_07).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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GAP_TIER_PARTIAL_TYPE

LABEL: Partial 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 when the Part D plan only covers a partial list of drugs in the coverage gap (i.e., when the variable GAP_TIER_PARTIAL="Y" [yes]). A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: GAP_TIER_PARTIAL_TYP

TYPE: CHAR

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs. For example, if the value = 11000000 (1s in the 1st and 2nd digits), then select brand-name drugs and all generics are covered on this tier during the coverage gap phase.

1 in 1st digit = Only Select Brands

1 in 2nd digit = All Generics

1 in 3rd digit = All Preferred Generics

1 in 4th digit = All Non-Preferred Generics

1 in 5th digit = Only Select Generics

1 in 6th digit = All Brands

1 in 7th digit = All Preferred Brands

1 in 8th digit = All Non-Preferred Brands

All 9s = Not Applicable

COMMENT: This variable was populated only in 2008–2010. There is variation in the number of formulary tiers over time. This variable also appears in the Plan Characteristics - Base File (see GAP_PARTIAL_TYPE_TIER_01 - GAP_PARTIAL_TYPE_TIER_07).

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 Part D 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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ICL_AMT

LABEL: Part D Initial Coverage Limit (ICL) Amount

DESCRIPTION: This variable is the dollar amount of Part D Initial Coverage Limit (ICL) applied by Part D plan. If no ICL is applied this field is blank.

SHORT NAME: —

LONG NAME: ICL_AMT

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

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 Part D 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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ICL_APPLY

LABEL: How Part D Initial Coverage Limit (ICL) is applied

DESCRIPTION: This variable indicates whether plan applies the Medicare-defined Part D Initial Coverage Limit (ICL) Amount.

SHORT NAME: —

LONG NAME: ICL_APPLY

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: 1 = Medicare-defined Amount
2 = Plan-defined Amount
3 = No ICL

COMMENT: 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 Part D 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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INCREASED_ICL

LABEL:	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) by offering an ICL that is higher than the year's predefined standard ICL amount.
SHORT NAME:	—
LONG NAME:	INCREASED_ICL
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS Files)
VALUES:	Y = Yes N = No 9 = Not Applicable X = Unknown
COMMENT:	This variable was new in 2011. It 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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LESSER_OF_PRICING

LABEL: Lesser of Part D Pricing

DESCRIPTION: This variable indicates whether the plan charges the lesser of the cost-share amount or actual drug price.

SHORT NAME: —

LONG NAME: LESSER_OF_PRICING

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was available only in 2007 and 2008.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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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LIMITED_GAP_BENEFIT

LABEL: Plan Offers Limited benefit above the Initial Coverage Limit (ICL)

DESCRIPTION: This variable indicates whether the plan offers limited benefit above ICL. This limited benefit is not considered Gap Coverage.

SHORT NAME: —

LONG NAME: LIMITED_GAP_BENEFIT

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes
N = No
9 = Not applicable
X = Unknown

COMMENT: This variable is only available 2008–2010.

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 Part D 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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LIMITED_GAP_BENEFIT_AMT

LABEL: Limited Gap Coverage Amount

DESCRIPTION: This variable indicates the dollar amount of the limited gap benefits offered by the Part D plan. This limited benefit is not considered Gap Coverage.

SHORT NAME: —

LONG NAME: LIMITED_GAP_BENEFIT_AMT

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable is only available 2008–2010. The field was changed from 12 digits characters to 8 in 2009.

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 Part D 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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LIMITED_GAP_BENEFIT_TYPE

LABEL: Types of Drugs Offered for Limited Gap Coverage

DESCRIPTION: This variable indicates the types of drugs the plan offers as part of the limited benefit above ICL. This limited benefit is not considered Gap Coverage. The value contains a string of binary digits; each digit of the value indicates which types of drugs are offered through the limited gap benefit.

SHORT NAME: —

LONG NAME: LIMITED_GAP_BENEFIT_TYPE

TYPE: CHAR

LENGTH: 7

SOURCE: CMS (HPMS Files)

VALUES: Binary character string, where each digit is a 1 or 0. For example if the value=000001 (1 in only the 1st digit), then the limited gap coverage applies to all drugs on the formulary.

1 in 1st digit = All Formulary Drugs

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

1 in 7th digit = Non-Preferred Brand

COMMENT: This variable is only available 2008–2010. The field was widened from 5 characters to 7 in 2009.

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 Part D 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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NAT_RX_COV_YN

LABEL: Plan Offers Nationwide Prescription Coverage

DESCRIPTION: This variable indicates whether or not beneficiaries enrolled in this Part D plan are able to purchase drugs in all 50 states.

SHORT NAME: —

LONG NAME: NAT_RX_COV_YN

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

COMMENT: This variable was new in 2008.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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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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.

SHORT NAME: —

LONG NAME: NATIONAL_PDP

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

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

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

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OOPT_AMT

LABEL: Out-of-Pocket (OOP) Threshold Amount

DESCRIPTION: This variable is the dollar amount of the Medicare-defined Part D annual Out-of-Pocket (OOP) Cost Threshold. This field is blank for Fixed Capitated Reinsurance Demonstration Projects.

SHORT NAME: —

LONG NAME: OOPT_AMT

TYPE: NUM

LENGTH: 8

SOURCE: NUM

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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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ORGANIZATION_MARKETING_NAME

LABEL: Part D Plan Organization Marketing Name

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

SHORT NAME: —

LONG NAME: ORGANIZATION_MARKETING_NAME

TYPE: CHAR

LENGTH: 150

SOURCE: CMS (HPMS Files)

VALUES: text description

COMMENT: Prior to the 2013 data release, THE CCW was required to encrypt or suppress sensitive data fields, including those which could be used to identify the plan sponsor's contract and plan. Therefore, this variable does not appear in legacy data files.

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

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

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ORGANIZATION_TYPE

LABEL: Part D Organization Type

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

SHORT NAME: —

LONG NAME: ORGANIZATION_TYPE

TYPE: CHAR

LENGTH: 2

SOURCE: CMS (HPMS Files)

VALUES: 01 = Local coordinated care plan (CCP)
03 = Religious Fraternal Benefit (RFB) — private fee-for-service (PFFS) plan
04 = 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
14 = Employer/union-only direct contract PFFS plan
16 = Point-of-sale contract; used for LINET — Limited Income Newly Eligible Transition program — starting in 2010
99 or Null = Unknown

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

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OTC_UM_PROGRAM

LABEL:	Plan Covers Over-the-Counter medications (OTCs) under the Utilization Management Program
DESCRIPTION:	This variable indicates whether or not the Part D plan pays for Over-the-Counter medications (OTCs) under its Utilization Management (UM) Program.
SHORT NAME:	—
LONG NAME:	OTC_UM_PROGRAM
TYPE:	CHAR
LENGTH:	1
SOURCE:	CMS (HPMS Files)
VALUES:	Y = Yes N = No 9 = Not Applicable X = Unknown
COMMENT:	This variable was new in 2008.

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, starting in 2010).

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: Part D Plan Parent Organization Name

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

SHORT NAME: —

LONG NAME: PARENT_ORGANIZATION

TYPE: CHAR

LENGTH: 50

SOURCE: CMS (HPMS Files)

VALUES: text description

COMMENT: This is the name of the parent organization associated with the Part D plan contract (CONTRACT_ID) and benefit package number (PLAN_ID). It was populated in data files 2012 and later.

Prior to the 2013 data release, THE CCW was required to encrypt or suppress sensitive data fields, including those which could be used to identify the plan sponsor's contract and plan. Therefore, this variable does not appear in legacy data files.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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.

SHORT NAME: —

LONG NAME: PART_B_PREMIUM_REDUCTION_AMT

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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).

SHORT NAME: —

LONG NAME: PART_C_PREMIUM

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

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 Part D 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.

SHORT NAME: —

LONG NAME: PART_D_LIPS_25

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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.

SHORT NAME: —

LONG NAME: PART_D_LIPS_50

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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.

SHORT NAME: —

LONG NAME: PART_D_LIPS_75

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_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.

SHORT NAME: —

LONG NAME: PART_D_LIPS_100

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_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%.

SHORT NAME: —

LONG NAME: PART_D_LIS_25

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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%.

SHORT NAME: —

LONG NAME: PART_D_LIS_50

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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%.

SHORT NAME: —

LONG NAME: PART_D_LIS_75

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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%.

SHORT NAME: —

LONG NAME: PART_D_LIS_100

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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: Part D Segment Partial County Indicator

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

SHORT NAME: —

LONG NAME: PARTIAL_FLAG

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 Part D 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.

SHORT NAME: —

LONG NAME: PLAN_BASIC_PREMIUM_NET_REBATE

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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: Part D Plan Benefit Package Identifier

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

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

SHORT NAME: —

LONG NAME: PLAN_ID

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-digit numeric value

COMMENT: Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_06 (previous year)

LABEL: Part D Plan Benefit Package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2006. It may or may not be the same as the Plan ID in the reference year (2007). This field is a key that links of Part D sponsor's contract and plan identifiers.

SHORT NAME: —

LONG NAME: PLAN_ID_06

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-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_06) to the PLAN_ID_07 (and CONTRACT_ID_07).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_07 (previous year)

LABEL: Part D Plan Benefit Package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2007. It may or may not be the same as the Plan ID in the reference year (2008).

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

SHORT NAME: —

LONG NAME: PLAN_ID_07

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-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_07) to the PLAN_ID_08 (and CONTRACT_ID_08).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_07 (reference year)

LABEL:	Part D Plan Benefit Package Identifier for Reference Year
DESCRIPTION:	This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2007 (the reference year). It may or may not be the same as the Plan ID in the prior year (2006).
SHORT NAME:	—
LONG NAME:	PLAN_ID_07
TYPE:	CHAR
LENGTH:	3
SOURCE:	CMS (HPMS Files)
VALUES:	3-digit numeric value
COMMENT:	All Contract and Plan ID that were active in 2007 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_07) to the PLAN_ID_06 (and CONTRACT_ID_06).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_08 (previous year)

LABEL: Part D Plan Benefit Package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2008. It may or may not be the same as the Plan ID in the reference year (2009). The amount paid to the beneficiary for the services reported on the line item.

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

SHORT NAME: —

LONG NAME: PLAN_ID_08

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-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_08) to the PLAN_ID_09 (and CONTRACT_ID_09).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_08 (reference year)

LABEL: Part D Plan Benefit Package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2008 (the reference year). It may or may not be the same as the Plan ID in the prior year (2007).

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

SHORT NAME: —

LONG NAME: PLAN_ID_08

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-digit numeric value

COMMENT: All Contract and Plan ID that were active in 2008 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_08) to the PLAN_ID_07 (and CONTRACT_ID_07).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_09 (previous year)

LABEL: Part D Plan Benefit Package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2009. It may or may not be the same as the Plan ID in the reference year (2010).

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

SHORT NAME: —

LONG NAME: PLAN_ID_09

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-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_09) to the PLAN_ID_10 (and CONTRACT_ID_10).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_09 (reference year)

LABEL: Part D Plan Benefit Package Identifier for Reference Year

DESCRIPTION: This variable is the beneficiary's liability for coinsurance for the revenue center record.

Beneficiaries only face coinsurance once they have satisfied Part B's annual deductible, which applies to both institutional (e.g., HOP) and non-institutional (e.g., Carrier and DME) services.

For most Part B services, coinsurance equals 20 percent of the allowed amount.

The coinsurance amount is wage adjusted, based on the metropolitan statistical area (MSA) where the provider is located.

SHORT NAME: —

LONG NAME: PLAN_ID_09

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-digit numeric value

COMMENT: All Contract and Plan ID that were active in 2009 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_09) to the PLAN_ID_08 (and CONTRACT_ID_08).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_10 (previous year)

LABEL: Part D Plan Benefit Package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2010. It may or may not be the same as the Plan ID in the reference year (2011).

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

SHORT NAME: —

LONG NAME: PLAN_ID_10

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-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_10) to the PLAN_ID_11 (and CONTRACT_ID_11).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_10 (reference year)

LABEL: Part D Plan Benefit Package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2010 (the reference year). It may or may not be the same as the Plan ID in the prior year (2009).

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

SHORT NAME: —

LONG NAME: PLAN_ID_10

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-digit numeric value

COMMENT: All Contract and Plan ID that were active in 2010 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_10) to the PLAN_ID_09 (and CONTRACT_ID_09).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_11 (previous year)

LABEL: Part D Plan Benefit Package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2011. It may or may not be the same as the Plan ID in the reference year (2012).

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

SHORT NAME: —

LONG NAME: PLAN_ID_11

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-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_11) to the PLAN_ID_12 (and CONTRACT_ID_12).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_11 (reference year)

LABEL: Part D Plan Benefit Package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2011 (the reference year). It may or may not be the same as the Plan ID in the prior year (2010).

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

SHORT NAME: —

LONG NAME: PLAN_ID_11

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-digit numeric value

COMMENT: All Contract and Plan ID that were active in 2011 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_11) to the PLAN_ID_10 (and CONTRACT_ID_10).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_12 (previous year)

LABEL: Part D Plan Benefit Package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2012. It may or may not be the same as the Plan ID in the reference year (2013).

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

SHORT NAME: —

LONG NAME: PLAN_ID_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-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_12) to the PLAN_ID_13 (and CONTRACT_ID_13).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_12 (reference year)

LABEL: Part D Plan Benefit Package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2012 (the reference year). It may or may not be the same as the Plan ID in the prior year (2011).

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

SHORT NAME: —

LONG NAME: PLAN_ID_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-digit numeric value

COMMENT: All Contract and Plan ID that were active in 2012 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_12) to the PLAN_ID_11 (and CONTRACT_ID_11).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_13 (previous year)

LABEL: Part D Plan Benefit Package Identifier for Previous Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2013. It may or may not be the same as the Plan ID in the reference year (2014).

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

SHORT NAME: —

LONG NAME: PLAN_ID_13

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-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_13) to the PLAN_ID_14 (and CONTRACT_ID_14).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_13 (reference year)

LABEL: Part D Plan Benefit Package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2013 (the reference year). It may or may not be the same as the Plan ID in the prior year (2012).

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

SHORT NAME: —

LONG NAME: PLAN_ID_13

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-digit numeric value

COMMENT: All Contract and Plan ID that were active in 2013 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_13) to the PLAN_ID_12 (and CONTRACT_ID_12).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_ID_14 (reference year)

LABEL: Part D Plan Benefit Package Identifier for Reference Year

DESCRIPTION: This variable is the unique plan benefit package (PBP) number for the Part D plan sponsor's contract. CMS assigns an identifier to each PBP within a contract that a Part D plan sponsor has with CMS. This was the Plan ID for the plan in 2014 (the reference year). It may or may not be the same as the Plan ID in the prior year (2013).

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

SHORT NAME: —

LONG NAME: PLAN_ID_14

TYPE: CHAR

LENGTH: 3

SOURCE: CHAR

VALUES: 3-digit numeric value

COMMENT: All Contract and Plan ID that were active in 2014 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_14) to the PLAN_ID_13 (and CONTRACT_ID_13).

Prior to 2015, this variable was always encrypted to comply with CMS privacy rules.

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

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

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PLAN_NAME

LABEL: Part D Plan Benefit Package Name

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

SHORT NAME: —

LONG NAME: PLAN_NAME

TYPE: CHAR

LENGTH: 75

SOURCE: CMS (HPMS Files)

VALUES: text description

COMMENT: Prior to the 2013 data release, THE CCW was required to encrypt or suppress sensitive data fields, including those which could be used to identify the plan sponsor's contract and plan. Therefore, this variable does not appear in legacy data files.

This is the name associated with the Part D plan benefit package number (PLAN_ID).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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.

SHORT NAME: —

LONG NAME: PLAN_SUPP_PREMIUM_NET_REBATE

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: -

COMMENT: The width of this value changed from 12 to 8 in 2009.

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 Part D 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. The code used to identify if there was a deviation from the standard method of calculating payment amount.

SHORT NAME: —

LONG NAME: PLAN_TOTAL_PREMIUM_NET_REBATE

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —**COMMENT:** The width of this value changed from 12 to 8 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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: Part D Plan Type

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

SHORT NAME: —

LONG NAME: PLAN_TYPE

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)
- 05 = PSO (State License)
- 06 = PSO (Federal Waiver of State License)
- 07 = Medical Savings Account (MSA)
- 08 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
- 09 = PFFS
- 10 = SHMO
- 18 = 1876 Cost
- 19 = HCPP - 1833 Cost
- 20 = National Program of All-inclusive Care for the Elderly (PACE)
- 28 = Chronic Care
- 29 = Medicare Prescription Drug Plan (PDP)
- 30 = Employer/Union Only Direct Contract PDP
- 31 = Regional PPO
- 32 = Fallback
- 33 = MN Disability Health Options
- 34 = MN Senior Health Options
- 35 = WI Partnership Program
- 36 = MA Health Senior Care Options
- 37 = Continuing Care Retirement Community
- 38 = ESRD I
- 39 = ESRD II
- 40 = Employer/Union Only Direct Contract PFFS
- 41 = MSA Demo
- 42 = RFB HMO
- 43 = RFB HMOPOS
- 44 = RFB Local PPO
- 45 = RFB PSO (State License)
- 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)

Null = Unknown

COMMENT: The CCW constructs the Plan Characteristics file from information submitted by Part D 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

DESCRIPTION: This variable Indicates how the 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). The amount paid by the beneficiary to the provider for the line-item service.

SHORT NAME: —

LONG NAME: POST_OOPT_APPLY

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: 1 = Medicare-Defined Post Threshold Cost Sharing
2 = Cost Share Tiers
3 = No Cost Sharing

COMMENT: For Fixed Capitated Reinsurance Demonstration Projects, this variable captures how cost sharing is applied after the Medicare-defined total drug spending amount.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_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.

SHORT NAME: —

LONG NAME: POST_OOPT_COINS_PCT

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. 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; see 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 Part D 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.

SHORT NAME: —

LONG NAME: POST_OOPT_COPAY_AMT

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. 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; see instead the corresponding co-payment variable called (POST_OOPT_COINS_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 Part D 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.

SHORT NAME: —

LONG NAME: POST_OOPT_COSTSHARE_TYPE

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES:
1 = Coinsurance
2 = Copayment
3 = Greater of Coinsurance and Copayment
4 = Lesser of Coinsurance and Copayment

COMMENT: This variable was new in 2007. 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 Part D 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.

SHORT NAME: —

LONG NAME: POST_OOPT_TIER_DRUG_TYPE

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs. For example, if the value = 000011 (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

All 9s = Not Applicable

In 2006, the variable was a 3-character string with values as follows:

001 = Brand

010 = Generic

011 = Generic and Brand

100 = Preferred Brand

101 = Brand and Preferred Brand

110 = Generic and Preferred Brand

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

COMMENT: This field is only populated if the Medicare-defined Post Threshold Cost Shares do not apply. There is variation in the number of formulary tiers over time.

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 Part D 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_APPLY

LABEL:	How Part D Pre-ICL Cost-Sharing is applied
DESCRIPTION:	This variable indicates how the plan charges cost-sharing before reaching the Initial Coverage Limit (ICL).
SHORT NAME:	—
LONG NAME:	PRE_ICL_APPLY
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 Part D 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. 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 during the pre-initial coverage limit (ICL) phase, which may include copayment, co-insurance, or the greater/lesser of the two.

SHORT NAME: —

LONG NAME: PRE_ICL_COSTSHARE_TYPE

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES:
1 = Coinsurance
2 = Copayment
3 = Greater of Coinsurance and Copayment
4 = Lesser of Coinsurance and Copayment

COMMENT: This variable was new in 2007.

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

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PRE_ICL_DAYS_INNPP_1M

LABEL: Pre-ICL In-Network Non-Preferred 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 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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_INNPP_1M

TYPE: NUM

LENGTH: 8

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 Part D 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_2M

LABEL:	Pre-ICL In-Network Non-Preferred Pharmacy - days in 2-month supply
DESCRIPTION:	This variable identifies the number of days in a 2-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.
SHORT NAME:	—
LONG NAME:	PRE_ICL_DAYS_INNPP_2M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	<p>This variable was new in 2013. 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 Part D 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. For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_INNPP_3M

- LABEL:** Pre-ICL In-Network Non-Preferred Pharmacy - days in 3-month supply
- DESCRIPTION:** This variable identifies the number of days in a 3-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.
- SHORT NAME:** —
- LONG NAME:** PRE_ICL_DAYS_INNPP_3M
- TYPE:** NUM
- LENGTH:** 8
- 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 Part D 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_OS

LABEL: Pre-ICL In-Network Non-Preferred Pharmacy - days in other day supply

DESCRIPTION: This variable identifies the number of days in an "other" day's supply of the drugs (other than 1- or 3-months) on this tier, when using an in-network non-preferred pharmacy (INNPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_INNPP_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2006–2012.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_1M

LABEL: Pre-ICL In-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 in-network pharmacy (INP; also known as a standard retail pharmacy) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_INP_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. 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 Part D 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_2M

LABEL: Pre-ICL In-Network Pharmacy - days in 2-month supply

DESCRIPTION: This variable identifies the number of days in a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_INP_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. 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 Part D 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 In-Network Pharmacy - days in 3-month supply

DESCRIPTION: This variable identifies the number of days in a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_INP_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. 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 Part D 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_OS

LABEL: Pre-ICL In-Network Pharmacy - days in other day supply

DESCRIPTION: This variable identifies the number of days in an "other" day's supply of the drugs (other than 1- or 3-months) on this tier, when using an in-network pharmacy (INP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_INP_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 In-Network Preferred 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 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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_INPP_1M

TYPE: NUM

LENGTH: 8

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 Part D 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_2M

LABEL: Pre-ICL In-Network Preferred Pharmacy - days in 2-month supply

DESCRIPTION: This variable identifies the number of days in a 2 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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_INPP_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. 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 Part D 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 In-Network Non-Preferred Pharmacy - days in 3-month supply
DESCRIPTION:	This variable identifies the number of days in a 3-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.
SHORT NAME:	—
LONG NAME:	PRE_ICL_DAYS_INPP_3M
TYPE:	NUM
LENGTH:	8
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 Part D 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. For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_INPP_OS

LABEL: Pre-ICL In-Network Preferred Pharmacy - days in other days' supply

DESCRIPTION: This variable identifies the number of days in an "other" day's supply of the drugs (other than 1- or 3-months) on this tier, when using an in-network non-preferred pharmacy (INNPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_INPP_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2006–2012.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_LTCP_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated 2008–2012 and 2014+.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_B_1M

LABEL: Pre-ICL Long Term Care Pharmacy - days in 1-month supply of brand name drugs

DESCRIPTION: This variable identifies the number of days in a one-month supply of brand name drugs on this tier, when using a long-term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_LTCP_B_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated only in 2013. Plans that may offer a different day's supply for generic drugs on this tier; see the corresponding LTCP generic drug variable called (PRE_ICL_DAYS_LTCP_G_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_B_OS

LABEL: Pre-ICL Long Term Care Pharmacy - days in other day supply of brand name drugs

DESCRIPTION: This variable identifies the number of days in an "other" day's supply of the brand name drugs (other than 1-month) on this tier, when using a long term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_LTCP_B_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated only in 2013. Plans that may offer a different days supply for generic drugs on this tier; see the corresponding LTCP generic drug variable called (PRE_ICL_DAYS_LTCP_G_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_G_1M

LABEL: Pre-ICL Long Term Care Pharmacy - days in 1-month supply of generic drugs

DESCRIPTION: This variable identifies the number of days in a one-month supply of generic drugs on this tier, when using a long-term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_LTCP_G_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated only in 2013. Plans that may offer a different days supply for brand name drugs on this tier; see the corresponding LTCP brand name drug variable called (PRE_ICL_DAYS_LTCP_B_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_G_OS

LABEL:	Pre-ICL Long Term Care Pharmacy - days in other day supply of generic drugs
DESCRIPTION:	This variable identifies the number of days in an "other" day's supply of the generic drugs (other than 1-month) on this tier, when using a long term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	PRE_ICL_DAYS_LTCP_G_OS
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was populated only in 2013. Plans that may offer a different days supply for brand name drugs on this tier; see the corresponding LTCP brand name drug variable called (PRE_ICL_DAYS_LTCP_B_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_MO_1M

LABEL: Pre-ICL Mail Order 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 mail order pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_MO_1M

TYPE: NUM

LENGTH: 8

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 Part D 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_MO_2M

LABEL: Pre-ICL Mail Order Pharmacy - days in 2-month supply

DESCRIPTION: This variable identifies the number of days in a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_MO_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. 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 Part D 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_MO_3M

LABEL: Pre-ICL Mail Order Pharmacy - days in 3-month supply

DESCRIPTION: This variable identifies the number of days in a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_MO_3M

TYPE: NUM

LENGTH: 8

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 Part D 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_MO_OS

LABEL: Pre-ICL Mail Order Pharmacy - days in other day supply

DESCRIPTION: This variable identifies the number of days in an "other" day's supply of the drugs (other than 1- or 3-months) on this tier, when using a mail order pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_MO_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2006–2012.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Non-Preferred 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 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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_MONPP_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. 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 Part D 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_2M

LABEL: Pre-ICL Mail Order Non-Preferred Pharmacy - days in 2-month supply

DESCRIPTION: This variable identifies the number of days in a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_MONPP_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. 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 Part D 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_3M

LABEL:	Pre-ICL Mail Order Non-Preferred Pharmacy - days in 3-month supply
DESCRIPTION:	This variable identifies the number of days in a 3-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.
SHORT NAME:	—
LONG NAME:	PRE_ICL_DAYS_MONPP_3M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	<p>This variable was new in 2007. 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 Part D 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. For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_MONPP_OS

LABEL:	Pre-ICL Mail Order Non-Preferred Pharmacy - days in other day supply
DESCRIPTION:	This variable identifies the number of days in an "other" day's supply of the drugs (other than 1- or 3-months) on this tier, when using a mail order non-preferred pharmacy (MONPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	PRE_ICL_DAYS_MONPP_OS
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was only populated from 2007–2012. THE CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Preferred 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 mail order preferred pharmacy (MOPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_MOPP_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_2M

LABEL: Pre-ICL Mail Order Preferred Pharmacy - days in 2-month supply

DESCRIPTION: This variable identifies the number of days in a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_MOPP_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_3M

LABEL: Pre-ICL Mail Order Preferred Pharmacy - days in 3-month supply

DESCRIPTION: This variable identifies the number of days in a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_MOPP_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. The CCW constructs the Plan Characteristics file from information submitted by Part D 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_OS

LABEL: Pre-ICL Mail Order Preferred Pharmacy - days in other day supply

DESCRIPTION: This variable identifies the number of days in an "other" day's supply of the drugs (other than 1- or 3-months) on this tier, when using a mail order preferred pharmacy (MOPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_MOPP_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_1M

LABEL:	Pre-ICL 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 pre-initial coverage limit (ICL) phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	PRE_ICL_DAYS_OONP_1M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	<p>The CCW constructs the Plan Characteristics file from information submitted by Part D 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. For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_DAYS_OONP_3M

LABEL: Pre-ICL Out-of-Network Pharmacy - days in 3-month supply

DESCRIPTION: This variable identifies the number of days in a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_OONP_3M

TYPE: NUM

LENGTH: 5

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2006–2007.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 days' supply

DESCRIPTION: This variable identifies the number of days in an "other" day's 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.

SHORT NAME: —

LONG NAME: PRE_ICL_DAYS_OONP_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The CCW constructs the Plan Characteristics file from information submitted by Part D 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_DRUG_TYPE_TIER_01

LABEL: Pre-ICL Drug Type for Tier 1

DESCRIPTION: This variable identifies what types of drugs, if any, are covered on the 1st formulary tier during the pre-initial coverage limit (ICL) phase. The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: PRE_ICL_DRUG_TYPE_TIER_01

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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.

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

All 0s = Not Applicable

In 2006, the variable was a 3-character string with values as follows:

001 = Brand

010 = Generic

011 = Generic and Brand

100 = Preferred Brand

101 = Brand and Preferred Brand

110 = Generic and Preferred Brand

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

COMMENT: There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See PRE_ICL_DRUG_TYPE_TIER_01 - PRE_ICL_DRUG_TYPE_TIER_09.

In 2006 there were eight tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_09 did not apply). During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_DRUG_TYPE_TIER_08 and PRE_ICL_DRUG_TYPE_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_07 was not applicable after 2010).

This variable was only 3-characters wide in 2006.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_DRUG_TYPE_TIER_02

LABEL: Pre-ICL Drug Type for Tier 2

DESCRIPTION: This variable identifies what types of drugs, if any, are covered on the 2nd formulary tier during the pre-initial coverage limit (ICL) phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: PRE_ICL_DRUG_TYPE_TIER_02

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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.

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

All 9s = Not Applicable

In 2006, the variable was a 3-character string with values as follows:

001 = Brand

010 = Generic

011 = Generic and Brand

100 = Preferred Brand

101 = Brand and Preferred Brand

110 = Generic and Preferred Brand

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

COMMENT: There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See PRE_ICL_DRUG_TYPE_TIER_01 - PRE_ICL_DRUG_TYPE_TIER_09.

In 2006 there were eight tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_09 did not apply). During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_DRUG_TYPE_TIER_08 and PRE_ICL_DRUG_TYPE_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_07 was not applicable after 2010).

This variable was only 3-characters wide in 2006.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_DRUG_TYPE_TIER_03

LABEL: Pre-ICL Drug Type for Tier 3

DESCRIPTION: This variable identifies what types of drugs, if any, are covered on the 3rd formulary tier during the pre-initial coverage limit (ICL) phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: PRE_ICL_DRUG_TYPE_TIER_03

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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.

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

All 9s = Not Applicable

In 2006, the variable was a 3-character string with values as follows:

001 = Brand

010 = Generic

011 = Generic and Brand

100 = Preferred Brand

101 = Brand and Preferred Brand

110 = Generic and Preferred Brand

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

COMMENT: There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See PRE_ICL_DRUG_TYPE_TIER_01 - PRE_ICL_DRUG_TYPE_TIER_09.

In 2006 there were eight tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_09 did not apply). During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_DRUG_TYPE_TIER_08 and PRE_ICL_DRUG_TYPE_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_07 was not applicable after 2010).

This variable was only 3-characters wide in 2006.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_DRUG_TYPE_TIER_04

LABEL: Pre-ICL Drug Type for Tier 4

DESCRIPTION: This variable identifies what types of drugs, if any, are covered on the 4th formulary tier during the pre-initial coverage limit (ICL) phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: PRE_ICL_DRUG_TYPE_TIER_04

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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.

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

All 9s = Not Applicable

In 2006, the variable was a 3-character string with values as follows:

001 = Brand

010 = Generic

011 = Generic and Brand

100 = Preferred Brand

101 = Brand and Preferred Brand

110 = Generic and Preferred Brand

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

COMMENT: There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See PRE_ICL_DRUG_TYPE_TIER_01 - PRE_ICL_DRUG_TYPE_TIER_09.

In 2006 there were eight tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_09 did not apply). During 2008–2010 there were only seven tiers (i.e., variables PRE_ICL_DRUG_TYPE_TIER_08 and

PRE_ICL_DRUG_TYPE_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_07 was not applicable after 2010).

This variable was only 3-characters wide in 2006.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_DRUG_TYPE_TIER_05

LABEL: Pre-ICL Drug Type for Tier 5

DESCRIPTION: This variable identifies what types of drugs, if any, are covered on the 5th formulary tier during the pre-initial coverage limit (ICL) phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: PRE_ICL_DRUG_TYPE_TIER_05

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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.

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

All 9s = Not Applicable

In 2006, the variable was a 3-character string with values as follows:

001 = Brand

010 = Generic

011 = Generic and Brand

100 = Preferred Brand

101 = Brand and Preferred Brand

110 = Generic and Preferred Brand

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

COMMENT: There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See PRE_ICL_DRUG_TYPE_TIER_01 - PRE_ICL_DRUG_TYPE_TIER_09.

In 2006 there were eight tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_09 did not apply). During 2008–2010 there were only seven tiers (i.e., variables PRE_ICL_DRUG_TYPE_TIER_08 and PRE_ICL_DRUG_TYPE_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_07 was not applicable after 2010).

This variable was only 3-characters wide in 2006.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_DRUG_TYPE_TIER_06

LABEL: Pre-ICL Drug Type for Tier 6

DESCRIPTION: This variable identifies what types of drugs, if any, are covered on the 6th formulary tier during the pre-initial coverage limit (ICL) phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: PRE_ICL_DRUG_TYPE_TIER_06

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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.

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

All 9s = Not Applicable

In 2006, the variable was a 3-character string with values as follows:

001 = Brand

010 = Generic

011 = Generic and Brand

100 = Preferred Brand

101 = Brand and Preferred Brand

110 = Generic and Preferred Brand

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

COMMENT: There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See PRE_ICL_DRUG_TYPE_TIER_01 - PRE_ICL_DRUG_TYPE_TIER_09.

In 2006 there were eight tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_09 did not apply). During 2008–2010 there were only seven tiers (i.e., variables PRE_ICL_DRUG_TYPE_TIER_08 and PRE_ICL_DRUG_TYPE_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_07 was not applicable after 2010).

This variable was only 3-characters wide in 2006.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_DRUG_TYPE_TIER_06

LABEL: Pre-ICL Drug Type for Tier 6

DESCRIPTION: This variable identifies what types of drugs, if any, are covered on the 6th formulary tier during the pre-initial coverage limit (ICL) phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: PRE_ICL_DRUG_TYPE_TIER_06

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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.

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

All 9s = Not Applicable

In 2006, the variable was a 3-character string with values as follows:

001 = Brand

010 = Generic

011 = Generic and Brand

100 = Preferred Brand

101 = Brand and Preferred Brand

110 = Generic and Preferred Brand

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

COMMENT: There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See PRE_ICL_DRUG_TYPE_TIER_01 - PRE_ICL_DRUG_TYPE_TIER_09.

In 2006 there were eight tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_09 did not apply). During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_DRUG_TYPE_TIER_08 and PRE_ICL_DRUG_TYPE_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_07 was not applicable after 2010).

This variable was only 3-characters wide in 2006.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_DRUG_TYPE_TIER_07

LABEL: Pre-ICL Drug Type for Tier 7

DESCRIPTION: This variable identifies what types of drugs, if any, are covered on the 7th formulary tier during the pre-initial coverage limit (ICL) phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: PRE_ICL_DRUG_TYPE_TIER_07

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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.

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

All 9s = Not Applicable

In 2006, the variable was a 3-character string with values as follows:

001 = Brand

010 = Generic

011 = Generic and Brand

100 = Preferred Brand

101 = Brand and Preferred Brand

110 = Generic and Preferred Brand

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

COMMENT: There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See PRE_ICL_DRUG_TYPE_TIER_01 - PRE_ICL_DRUG_TYPE_TIER_09.

In 2006 there were eight tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_09 did not apply). During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_DRUG_TYPE_TIER_08 and PRE_ICL_DRUG_TYPE_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_07 was not applicable after 2010).

This variable was only 3-characters wide in 2006.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_DRUG_TYPE_TIER_08

LABEL: Pre-ICL Drug Type for Tier 8

DESCRIPTION: This variable identifies what types of drugs, if any, are covered on the 8th formulary tier during the pre-initial coverage limit (ICL) phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: PRE_ICL_DRUG_TYPE_TIER_08

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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.

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

All 9s = Not Applicable

In 2006, the variable was a 3-character string with values as follows:

001 = Brand

010 = Generic

011 = Generic and Brand

100 = Preferred Brand

101 = Brand and Preferred Brand

110 = Generic and Preferred Brand

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

COMMENT: There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See PRE_ICL_DRUG_TYPE_TIER_01 - PRE_ICL_DRUG_TYPE_TIER_09.

In 2006 there were eight tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_09 did not apply). During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_DRUG_TYPE_TIER_08 and

PRE_ICL_DRUG_TYPE_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_07 was not applicable after 2010).

This variable was only 3-characters wide in 2006.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_DRUG_TYPE_TIER_09

LABEL: Pre-ICL Drug Type for Tier 9

DESCRIPTION: This variable identifies what types of drugs, if any, are covered on the 9th formulary tier during the pre-initial coverage limit (ICL) phase.

The value contains a string of binary digits; each digit of the value indicates which types of drugs are covered on this tier of the formulary.

A tier may include multiple drug types.

SHORT NAME: —

LONG NAME: PRE_ICL_DRUG_TYPE_TIER_09

TYPE: CHAR

LENGTH: 6

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs; position 1 is the leftmost digit. 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.

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

All 9s = Not Applicable

In 2006, the variable was a 3-character string with values as follows:

001 = Brand

010 = Generic

011 = Generic and Brand

100 = Preferred Brand

101 = Brand and Preferred Brand

110 = Generic and Preferred Brand

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

COMMENT: There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. See PRE_ICL_DRUG_TYPE_TIER_01 - PRE_ICL_DRUG_TYPE_TIER_09.

In 2006 there were eight tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_09 did not apply). During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_DRUG_TYPE_TIER_08 and PRE_ICL_DRUG_TYPE_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_DRUG_TYPE_TIER_07 was not applicable after 2010).

This variable was only 3-characters wide in 2006.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_1M

LABEL: Pre-ICL In-Network Non-Preferred Pharmacy Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INNPP_COINS_1M

TYPE: NUM

LENGTH: 8

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; see 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 Part D 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 In-Network Non-Preferred Pharmacy Coinsurance for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INNPP_COINS_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see 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 Part D 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 In-Network Non-Preferred Pharmacy Coinsurance for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INNPP_COINS_3M

TYPE: NUM

LENGTH: 8

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; see 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 Part D 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 In-Network Non-Preferred Pharmacy Average Expected Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the average expected cost-sharing amount in dollars for beneficiary co-insurance for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INNPP_COINS_AVG_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. 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 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 Part D 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_OS

LABEL: Pre-ICL In-Network Non-Preferred 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- or 3-months) on this tier, using an in-network non-preferred preferred pharmacy (INNPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_INNPP_COINS_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INNPP_COPAY_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_1M

LABEL: Pre-ICL In-Network Non-Preferred Pharmacy Copay for 1-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INNPP_COPAY_1M

TYPE: NUM

LENGTH: 8

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; see 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 Part D 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 In-Network Non-Preferred Pharmacy Copay for 2-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INNPP_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; see 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 Part D 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 In-Network Non-Preferred Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INNPP_COPAY_3M

TYPE: NUM

LENGTH: 8

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; see 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 Part D 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 In-Network Non-Preferred Pharmacy Copay for one 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.
SHORT NAME:	—
LONG NAME:	PRE_ICL_INNPP_COPAY_DAILY
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	<p>This variable was new in 2013. 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 Part D 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. For those plans that did not report, the value of this variable will be blank.</p>

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PRE_ICL_INNPP_COPAY_OS

LABEL:	Pre-ICL In-Network Non-Preferred Pharmacy Copay for other days' supply
DESCRIPTION:	This variable identifies the beneficiary copay amount for a day's supply of the drugs (other than 1- or 3- months) on this tier, using an in-network non-preferred pharmacy (INNPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	PRE_ICL_INNPP_COPAY_OS
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was only populated from 2007–2012. Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_INNPP_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_1M_COINS_TIER_01

LABEL: Pre-ICL In-Network Pharmacy Coinsurance for 1-Month Supply on Tier 1

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INNPP_COPAY_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INP_1M_COPAY_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See also PRE_ICL_INP_1M_COINS_TIER_01 - PRE_ICL_INP_1M_COINS_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COINS_TIER_08 and PRE_ICL_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D 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_1M_COINS_TIER_02

LABEL: Pre-ICL In-Network Pharmacy Coinsurance for 1-month supply on Tier 2

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COINS_TIER_02

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INP_1M_COPAY_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See also PRE_ICL_INP_1M_COINS_TIER_01 - PRE_ICL_INP_1M_COINS_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COINS_TIER_08 and PRE_ICL_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D 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_1M_COINS_TIER_03

LABEL: Pre-ICL In-Network Pharmacy Coinsurance for 1-month Supply on Tier 3

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COINS_TIER_03

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INP_1M_COPAY_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See also PRE_ICL_INP_1M_COINS_TIER_01 - PRE_ICL_INP_1M_COINS_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COINS_TIER_08 and PRE_ICL_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D 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_1M_COINS_TIER_04

LABEL: Pre-ICL In-Network Pharmacy Coinsurance for 1-month Supply on Tier 4

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COINS_TIER_04

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INP_1M_COPAY_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See also PRE_ICL_INP_1M_COINS_TIER_01 - PRE_ICL_INP_1M_COINS_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COINS_TIER_08 and PRE_ICL_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D 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_1M_COINS_TIER_05

LABEL: Pre-ICL In-Network Pharmacy Coinsurance for 1-month Supply on Tier 5

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COINS_TIER_05

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INP_1M_COPAY_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See also PRE_ICL_INP_1M_COINS_TIER_01 - PRE_ICL_INP_1M_COINS_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COINS_TIER_08 and PRE_ICL_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D 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_1M_COINS_TIER_06

LABEL: Pre-ICL In-Network Pharmacy Coinsurance for 1-month Supply on Tier 6

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COINS_TIER_06

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INP_1M_COPAY_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See also PRE_ICL_INP_1M_COINS_TIER_01 - PRE_ICL_INP_1M_COINS_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COINS_TIER_08 and PRE_ICL_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D 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_1M_COINS_TIER_07

LABEL: Pre-ICL In-Network Pharmacy Coinsurance for 1-month Supply on Tier 7

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COINS_TIER_07

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INP_1M_COPAY_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See also PRE_ICL_INP_1M_COINS_TIER_01 - PRE_ICL_INP_1M_COINS_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COINS_TIER_08 and PRE_ICL_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D 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_1M_COINS_TIER_08

LABEL: Pre-ICL In-Network Pharmacy Coinsurance for 1-month Supply on Tier 8

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COINS_TIER_08

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INP_1M_COPAY_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See also PRE_ICL_INP_1M_COINS_TIER_01 - PRE_ICL_INP_1M_COINS_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COINS_TIER_08 and PRE_ICL_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D 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_1M_COINS_TIER_09

LABEL: Pre-ICL In-Network Pharmacy Coinsurance for 1-month Supply on Tier 9

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COINS_TIER_09

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INP_1M_COPAY_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See also PRE_ICL_INP_1M_COINS_TIER_01 - PRE_ICL_INP_1M_COINS_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COINS_TIER_08 and PRE_ICL_INP_1M_COINS_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COINS_TIER_07 was not applicable after 2010).

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 Part D 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_1M_COPAY_TIER_01

LABEL: Pre-ICL In-Network Pharmacy Copay for 1-Month Supply on Tier 1

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COPAY_TIER_01

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_INP_1M_COINS_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See PRE_ICL_INP_1M_COPAY_TIER_01 - PRE_ICL_INP_1M_COPAY_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COPAY_TIER_08 and PRE_ICL_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COPAY_TIER_07 was not applicable after 2010). 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 Part D 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_1M_COPAY_TIER_02

LABEL: Pre-ICL In-Network Pharmacy Copay for 1-month Supply on Tier 2

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COPAY_TIER_02

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_INP_1M_COINS_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See PRE_ICL_INP_1M_COPAY_TIER_01 - PRE_ICL_INP_1M_COPAY_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COPAY_TIER_08 and PRE_ICL_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COPAY_TIER_07 was not applicable after 2010). 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 Part D 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_1M_COPAY_TIER_03

LABEL: Pre-ICL In-Network Pharmacy Copay for 1-month Supply on Tier 3

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COPAY_TIER_03

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_INP_1M_COINS_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See PRE_ICL_INP_1M_COPAY_TIER_01 - PRE_ICL_INP_1M_COPAY_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COPAY_TIER_08 and PRE_ICL_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COPAY_TIER_07 was not applicable after 2010). 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 Part D 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_1M_COPAY_TIER_04

LABEL: Pre-ICL In-Network Pharmacy Copay for 1-month Supply on Tier 4

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COPAY_TIER_04

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_INP_1M_COINS_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See PRE_ICL_INP_1M_COPAY_TIER_01 - PRE_ICL_INP_1M_COPAY_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COPAY_TIER_08 and PRE_ICL_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COPAY_TIER_07 was not applicable after 2010). 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 Part D 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_1M_COPAY_TIER_05

LABEL: Pre-ICL In-Network Pharmacy Copay for 1-month Supply on Tier 5

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COPAY_TIER_05

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_INP_1M_COINS_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See PRE_ICL_INP_1M_COPAY_TIER_01 - PRE_ICL_INP_1M_COPAY_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COPAY_TIER_08 and PRE_ICL_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COPAY_TIER_07 was not applicable after 2010). 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 Part D 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_1M_COPAY_TIER_06

LABEL: Pre-ICL In-Network Pharmacy Copay for 1-month Supply on Tier 6

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COPAY_TIER_06

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_INP_1M_COINS_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See PRE_ICL_INP_1M_COPAY_TIER_01 - PRE_ICL_INP_1M_COPAY_TIER_09.

During 2008- 2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COPAY_TIER_08 and PRE_ICL_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COPAY_TIER_07 was not applicable after 2010). 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 Part D 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_1M_COPAY_TIER_07

LABEL: Pre-ICL In-Network Pharmacy Copay for 1-month Supply on Tier 7

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COPAY_TIER_07

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_INP_1M_COINS_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See PRE_ICL_INP_1M_COPAY_TIER_01 - PRE_ICL_INP_1M_COPAY_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COPAY_TIER_08 and PRE_ICL_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COPAY_TIER_07 was not applicable after 2010). 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 Part D 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_1M_COPAY_TIER_08

LABEL: Pre-ICL In-Network Pharmacy Copay for 1-month Supply on Tier 8

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COPAY_TIER_08

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_INP_1M_COINS_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See PRE_ICL_INP_1M_COPAY_TIER_01 - PRE_ICL_INP_1M_COPAY_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COPAY_TIER_08 and PRE_ICL_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COPAY_TIER_07 was not applicable after 2010). 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 Part D 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_1M_COPAY_TIER_09

LABEL: Pre-ICL In-Network Pharmacy Copay for 1-month Supply on Tier 9

DESCRIPTION: This variable identifies the dollar amount of the beneficiary copayment for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_1M_COPAY_TIER_09

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. It changed from 12 digits to 8 in 2009.

Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_INP_1M_COINS_TIER_01).

There are a different number of the variables each year to describe tiers, due to variation in the formulary tiers over time. There are different variables to describe all possible tiers in the pre-ICL benefit phase. See PRE_ICL_INP_1M_COPAY_TIER_01 - PRE_ICL_INP_1M_COPAY_TIER_09.

During 2008–2010 there were only seven tiers (i.e., variables PRE_ICL_INP_1M_COPAY_TIER_08 and PRE_ICL_INP_1M_COPAY_TIER_09 were not applicable). For 2011 and later, there were only six tiers (i.e., variable called PRE_ICL_INP_1M_COPAY_TIER_07 was not applicable after 2010). 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 Part D 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_1M

LABEL: Pre-ICL In-Network Pharmacy Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_COINS_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INP_COPAY_1M). This variable also appears in the Plan Characteristics - Base File (see PRE_ICL_INP_1M_COINS_TIER_01 - PRE_ICL_INP_1M_COINS_TIER_09).

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 Part D 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 In-Network Pharmacy Coinsurance for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_COINS_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see 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 Part D 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 In-Network Pharmacy Coinsurance for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_COINS_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see 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 Part D 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 In-Network Pharmacy Average Expected Coinsurance for 1-month Supply

DESCRIPTION: This variable identifies the average expected cost-sharing amount in dollars for beneficiary co-insurance for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_COINS_AVG_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. 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 Part D 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_OS

LABEL: Pre-ICL In-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- or 3- months) on this tier, using an in-network pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_COINS_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INP_COPAY_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 In-Network Pharmacy Copay for 1-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_COPAY_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a coinsurance percentage amount rather than a co-payment will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_INP_COINS_1M). This variable also appears in the Plan Characteristics - Base File (see PRE_ICL_INP_1M_COPAY_TIER_01 - PRE_ICL_INP_1M_COPAY_TIER_09).

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 Part D 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 In-Network Pharmacy Copay for 2-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. Plans that use a coinsurance percentage amount rather than a co-payment will not have a value in this field; see 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 Part D 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 In-Network Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_COPAY_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a coinsurance percentage amount rather than a co-payment will not have a value in this field; see 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 Part D 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 In-Network Pharmacy Copay for one-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_COPAY_DAILY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. 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 Part D 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_OS

LABEL: Pre-ICL In-Network Pharmacy Copay for other days' supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a day's supply of the drugs (other than 1- or 3- months) on this tier, using an in-network pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_INP_COPAY_OS

TYPE: CHAR

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. Plans that use a coinsurance percentage amount rather than a co-payment will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_INP_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 In-Network Preferred Pharmacy Coinsurance for 1-month Supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INPP_COINS_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INPP_COPAY_1M). This variable also appears in the Plan Characteristics - Base File (see PRE_ICL_INPP_1M_COINS_TIER_01 - PRE_ICL_INPP_1M_COINS_TIER_08).

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 Part D 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 In-Network Preferred Pharmacy Coinsurance for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INPP_COINS_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see 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 Part D 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 In-Network Preferred Pharmacy Coinsurance for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INPP_COINS_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see 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 Part D 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 In-Network Preferred Pharmacy Average Expected Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the average expected cost-sharing amount in dollars for beneficiary co-insurance for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INPP_COINS_AVG_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. 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 six 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 Part D 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_OS

LABEL: Pre-ICL Coinsurance In-Network Preferred 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- or 3- months) of the drugs on this tier, using an in-network preferred pharmacy (INPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_INPP_COINS_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated 2006–2012. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INPP_COPAY_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 In-Network Preferred Pharmacy Copay for 1-month Supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INPP_COPAY_1M

TYPE: NUM

LENGTH: 8

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; see instead the corresponding coinsurance variable called (PRE_ICL_INPP_COINS_1M). This variable also appears in the Plan Characteristics - Base File (see PRE_ICL_INPP_1M_COPAY_TIER_01 - PRE_ICL_INPP_1M_COPAY_TIER_08).

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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PRE_ICL_INPP_COPAY_2M

LABEL: Pre-ICL In-Network Preferred Pharmacy Copay for 2-month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INPP_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. Plans that use a coinsurance percentage amount rather than a co-payment will not have a value in this field; see 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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PRE_ICL_INPP_COPAY_3M

LABEL: Pre-ICL In-Network Preferred Pharmacy Copay for 3-month Supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_INPP_COPAY_3M

TYPE: NUM

LENGTH: 8

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; see instead the corresponding coinsurance variable called (PRE_ICL_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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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PRE_ICL_INPP_COPAY_DAILY

LABEL: Pre-ICL Copay In-Network Preferred Pharmacy Coinsurance for one-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 pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_INPP_COPAY_DAILY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. 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 Part D 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_OS

LABEL:	Pre-ICL Copay In-Network Preferred Pharmacy Coinsurance 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 in-network preferred pharmacy (INPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	PRE_ICL_INPP_COPAY_OS
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was only populated 2006–2012. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_INPP_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_LTCP_COINS_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated 2008–2012 and 2014+. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_LTCP_COPAY_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_B_1M

- LABEL:** Pre-ICL Long Term Care Pharmacy Coinsurance for 1-month supply of brand name drugs
- DESCRIPTION:** This variable identifies the beneficiary co-insurance percentage for a 1-month supply of brand name drugs on this tier, using long term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
- SHORT NAME:** —
- LONG NAME:** PRE_ICL_LTCP_COINS_B_1M
- TYPE:** NUM
- LENGTH:** 8
- SOURCE:** CMS (HPMS Files)
- VALUES:** —
- COMMENT:** This variable was populated only in 2013. Plans that may offer a different coinsurance percentage for generic drugs on this tier; see the corresponding LTCP generic drug variable called (PRE_ICL_LTCP_COINS_G_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_G_1M

LABEL:	Pre-ICL Long Term Care Pharmacy Coinsurance for 1-month supply of generic drugs
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a 1-month supply of generic drugs on this tier, using long term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	PRE_ICL_LTCP_COINS_G_1M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was populated only in 2013. Plans that may offer a different coinsurance percentage for brand name drugs on this tier; see the corresponding LTCP brand name variable called (PRE_ICL_LTCP_COINS_B_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_COPAY_1M

LABEL: Pre-ICL Long Term Care Pharmacy Copay for 1-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_LTCP_COPAY_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated 2008–2012 and 2014+.

Plans that use a coinsurance percentage amount rather than a co-payment will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_LTCP_COINS_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_COPAY_B_1M

LABEL: Pre-ICL Long Term Care Pharmacy Copay for 1-month supply of brand name drugs

DESCRIPTION: This variable identifies the beneficiary copay amount for a 1-month supply of brand name drugs on this tier, using long term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_LTCP_COPAY_B_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated only in 2013. Plans that may offer a different co-payment amount for generic drugs on this tier; see the corresponding LTCP generic drug variable called (PRE_ICL_LTCP_COPAY_G_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_COPAY_B_DAILY

LABEL:	Pre-ICL Long Term Care Pharmacy Copay for one-day supply of brand name drugs
DESCRIPTION:	This variable identifies the beneficiary copay amount for a one-day supply of brand name drugs on this tier, using long term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
SHORT NAME:	—
LONG NAME:	PRE_ICL_LTCP_COPAY_B_DAILY
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was populated only in 2013. Plans that may offer a different co-payment amount for generic drugs on this tier; see the corresponding LTCP generic drug variable called (PRE_ICL_LTCP_COPAY_G_DAILY).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_COPAY_DAILY

LABEL: Pre-ICL Long Term Care Pharmacy Copay for 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.

SHORT NAME: —

LONG NAME: PRE_ICL_LTCP_COPAY_DAILY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2014. The CCW constructs the Plan Characteristics file from information submitted by Part D 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_COPAY_G_1M

LABEL: Pre-ICL Long Term Care Pharmacy Copay for 1-month supply of generic drugs

DESCRIPTION: This variable identifies the beneficiary copay amount for a 1-month supply of generic drugs on this tier, using long term care pharmacy (LTCP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_LTCP_COPAY_G_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated only in 2013. Plans that may offer a different co-payment amount for brand name drugs on this tier; see the corresponding LTCP brand name drug variable called (PRE_ICL_LTCP_COPAY_B_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_COPAY_G_DAILY

LABEL: Pre-ICL Long Term Care Pharmacy Copay for one-day supply of generic drugs

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

SHORT NAME: —

LONG NAME: PRE_ICL_LTCP_COPAY_G_DAILY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was populated only in 2013. Plans that may offer a different co-payment amount for brand name drugs on this tier; see the corresponding LTCP brand name drug variable called (PRE_ICL_LTCP_COPAY_B_DAILY).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_1M

LABEL: Pre-ICL Mail Order Pharmacy Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MO_COINS_1M

TYPE: NUM

LENGTH: 8

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; see 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 Part D 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 Mail Order Pharmacy Coinsurance for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MO_COINS_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see 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 Part D 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 Mail Order Pharmacy Coinsurance for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MO_COINS_3M

TYPE: NUM

LENGTH: 8

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; see 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 Part D 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_OS

LABEL: Pre-ICL Mail Order 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- or 3-months) on this tier, using mail order pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_MO_COINS_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated from 2007–2012. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_MO_COPAY_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Pharmacy Copay for 1-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MO_COPAY_1M

TYPE: NUM

LENGTH: 8

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; see 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 Part D 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 Mail Order Pharmacy Copay for 2-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MO_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; see 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 Part D 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 Mail Order Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MO_COPAY_3M

TYPE: NUM

LENGTH: 8

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; see 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 Part D 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 Mail Order Pharmacy Copay for one-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MO_COPAY_DAILY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. 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 Part D 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_OS

LABEL: Pre-ICL Mail Order Pharmacy Copay for other days' supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a day's supply of the drugs (other than 1- or 3-months) on this tier, using a standard mail order pharmacy during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_MO_COPAY_OS

TYPE: NUM

LENGTH: 8

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; see instead the corresponding coinsurance variable called (PRE_ICL_MO_COINS_OS).

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 Part D 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 Mail Order Non-Preferred Pharmacy Coinsurance for 1-month supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a 1-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.
SHORT NAME:	—
LONG NAME:	PRE_ICL_MONPP_COINS_1M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was new in 2007. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see 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 Part D 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 Mail Order Non-Preferred Pharmacy Coinsurance for 2-month supply
DESCRIPTION:	This variable identifies the beneficiary co-insurance percentage for a 2-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.
SHORT NAME:	—
LONG NAME:	PRE_ICL_MONPP_COINS_2M
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	This variable was new in 2013. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see 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 Part D 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 Mail Order Non-Preferred Pharmacy Coinsurance for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MONPP_COINS_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see 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 Part D 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_OS

LABEL: Pre-ICL Mail Order Non-Preferred 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- or 3-months) on this tier, using mail order non-preferred pharmacy (MONPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_MONPP_COINS_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated 2007–2012. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_MONPP_COPAY_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Non-Preferred Pharmacy Copay for 1-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MONPP_COPAY_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; see 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 Part D 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 Mail Order Non-Preferred Pharmacy Copay for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a day's supply of the drugs (other than 1- or 3-months) on this tier, using mail order non-preferred pharmacy (MONPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_MONPP_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; see 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 Part D 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 Mail Order Non-Preferred Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MONPP_COPAY_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; see 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 Part D 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 Mail Order Non-Preferred Pharmacy Copay for one-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.
SHORT NAME:	—
LONG NAME:	PRE_ICL_MONPP_COPAY_DAILY
TYPE:	NUM
LENGTH:	8
SOURCE:	CMS (HPMS Files)
VALUES:	—
COMMENT:	<p>This variable was new in 2013. 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 Part D 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_MONPP_COPAY_OS

LABEL: Pre-ICL Mail Order Non-Preferred Pharmacy Copay for other days' supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a day's supply of the drugs (other than 1- or 3- months) on this tier, using mail order non-preferred pharmacy (MONPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_MONPP_COPAY_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated 2007–2012. Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_MONPP_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Mail Order Preferred Pharmacy Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MOPP_COINS_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see 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 Part D 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 Mail Order Preferred Pharmacy Coinsurance for 2-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MOPP_COINS_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see 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 Part D 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 Mail Order Preferred Pharmacy Coinsurance for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MOPP_COINS_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_MOPP_COPAY_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 Part D 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_OS

- LABEL:** Pre-ICL Mail Order Preferred Pharmacy Coinsurance for other days' supply
- DESCRIPTION:** This variable identifies the beneficiary co-insurance percentage a day's supply of the drugs (other than 1- or 3-months) on this tier, using mail order preferred pharmacy (MOPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.
- SHORT NAME:** —
- LONG NAME:** PRE_ICL_MOPP_COINS_OS
- TYPE:** NUM
- LENGTH:** 8
- SOURCE:** CMS (HPMS Files)
- VALUES:** —
- COMMENT:** This variable was only populated 2007–2012. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_MOPP_COPAY_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_1M

LABEL: Pre-ICL Mail Order Preferred Pharmacy Copay for 1-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MOPP_COPAY_1M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; see 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 Part D 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 Mail Order Preferred Pharmacy Copay for 2-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 2-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MOPP_COPAY_2M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; see 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 Part D 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 Mail Order Preferred Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MOPP_COPAY_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2007. Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; see 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 Part D 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 Mail Order Preferred Pharmacy Copay for one-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.

SHORT NAME: —

LONG NAME: PRE_ICL_MOPP_COPAY_DAILY

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was new in 2013. 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 Part D 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_OS

LABEL: Pre-ICL Mail Order Preferred Pharmacy Copay for other days' supply

DESCRIPTION: This variable identifies the beneficiary copay amount for a day's supply of the drugs (other than 1- or 3-months) on this tier, using mail order preferred pharmacy (MOPP) during the pre-initial coverage limit (ICL) phase of the Part D benefit.

SHORT NAME: —

LONG NAME: PRE_ICL_MOPP_COPAY_OS

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated 2007–2012. Plans that use a coinsurance percentage amount rather than a co-payment amount will not have a value in this field; see instead the corresponding coinsurance variable called (PRE_ICL_MOPP_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_COINS_1M

LABEL: Pre-ICL Out-of-Network Pharmacy Coinsurance for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_OONP_COINS_1M

TYPE: NUM

LENGTH: 8

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; see instead the corresponding co-payment variable called (PRE_ICL_OONP_COPAY_1M). The CCW constructs the Plan Characteristics file from information submitted by Part D 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_COINS_3M

LABEL: Pre-ICL Out-of-Network Pharmacy Coinsurance for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-insurance percentage for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_OONP_COINS_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated in 2006–2007. Plans that use a co-payment amount rather than a coinsurance percentage will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_OONP_COPAY_3M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_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 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.
SHORT NAME:	—
LONG NAME:	PRE_ICL_OONP_COINS_OS
TYPE:	NUM
LENGTH:	8
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; see 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 Part D 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. 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 for 1-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 1-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.

SHORT NAME: —

LONG NAME: PRE_ICL_OONP_COPAY_1M

TYPE: NUM

LENGTH: 8

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; see instead the corresponding co-payment variable called (PRE_ICL_OONP_COINS_1M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_3M

LABEL: Pre-ICL Out-of-Network Pharmacy Copay for 3-month supply

DESCRIPTION: This variable identifies the beneficiary co-payment amount for a 3-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.

SHORT NAME: —

LONG NAME: PRE_ICL_OONP_COPAY_3M

TYPE: NUM

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: This variable was only populated in 2006–2007. Plans that use a coinsurance percentage rather than a co-payment amount will not have a value in this field; see instead the corresponding co-payment variable called (PRE_ICL_OONP_COINS_3M).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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.

SHORT NAME: —

LONG NAME: PRE_ICL_OONP_COPAY_OS

TYPE: NUM

LENGTH: 8

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; see instead the corresponding co-payment variable called (PRE_ICL_OONP_COINS_OS).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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_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.

SHORT NAME: —

LONG NAME: PRE_ICL_TIER_DRUG_TYPE

TYPE: CHAR

LENGTH: 8

SOURCE: CMS (HPMS Files)

VALUES: Binary character string where each digit is a 1 or 0 to accommodate a variety of types of drugs. For example, if the value = 000011 (1s in the 1st and 2nd digits), then generic and non-preferred brand drugs are covered on this tier during the pre-ICL 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

All 9s = Not Applicable

In 2006, the variable was a 3-character string with values as follows:

001 = Brand

010 = Generic

011 = Generic and Brand

100 = Preferred Brand

101 = Brand and Preferred Brand

110 = Generic and Preferred Brand

111 = Generic, Brand, and Preferred Brand

999 = Not Applicable

COMMENT: There are a different number of records for each year to describe tiers, due to variation in the number of formulary tiers over time. This variable also appears in the Plan Characteristics - Base File (see PRE_ICL_DRUG_TYPE_TIER_01 PRE_ICL_DRUG_TYPE_TIER_09).

The CCW constructs the Plan Characteristics file from information submitted by Part D 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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REDUCED_COST_SHARE

LABEL: 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.

SHORT NAME: —

LONG NAME: REDUCED_COST_SHARE

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes
N = No
9 = Not applicable
X = Unknown

COMMENT: This variable was new in 2007. It applies to Enhanced Alternative Plans ONLY.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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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REDUCED_DED

LABEL: 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.

SHORT NAME: —

LONG NAME: REDUCED_DED

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes
N = No
9 = Not applicable
X = Unknown

COMMENT: This variable was new in 2007. It applies ONLY to the Enhanced Alternative Plans that offer reduced cost-sharing (i.e., where variable called REDUCED_COST_SHARE="Y").

The CCW constructs the Plan Characteristics file from information submitted by Part D 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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REDUCED_GAP_CS

LABEL: Plan Offers Reduced Cost-Sharing in the Coverage Gap

DESCRIPTION: This variable indicates whether the plan offers reduced Part D cost-sharing during the coverage gap (technically referred to as the Initial Coverage Limit [ICL] phase of the Part D benefit), as part of its supplemental Part D benefit.

SHORT NAME: —

LONG NAME: REDUCED_GAP_CS

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes
N = No
9 = Not applicable
X = Unknown

COMMENT: This variable is only available 2007–2011. It applies ONLY to the Enhanced Alternative Plans that offer reduced cost-sharing (i.e., where variable called REDUCED_COST_SHARE= “Y”).

The CCW constructs the Plan Characteristics file from information submitted by Part D plan sponsors to CMS’s Health Plan Management System (HPMS).

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REDUCED_OOPT_CS

LABEL: 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.

SHORT NAME: —

LONG NAME: REDUCED_OOPT_CS

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes
N = No
9 = Not applicable
X = Unknown

COMMENT: This variable was new in 2007. It 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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REDUCED_PREICL_CS

LABEL: Plan Offers Reduced Pre-ICL Cost-sharing Amount

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.

SHORT NAME: —

LONG NAME: REDUCED_PREICL_CS

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes
N = No
9 = Not applicable
X = Unknown

COMMENT: This variable was new in 2007. It 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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REGION_CD

LABEL: Part D 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.

SHORT NAME: —

LONG NAME: REGION_CODE

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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REGION_NAME

LABEL: Part D 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.

SHORT NAME: —

LONG NAME: REGION_CODE

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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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REINSURANCE_DEMO_TYPE

LABEL: Part D Reinsurance Demonstration Type

DESCRIPTION: This variable describes the type of Part D payment reinsurance demonstration, for applicable plan benefit packages.

SHORT NAME: —

LONG NAME: REINSURANCE_DEMO_TYPE

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: 0 = Non-Payment Demonstration
1 = Flexible capitated option
2 = Fixed capitated option
3 = Flexible MA rebate option

COMMENT: This variable is only available 2006–2010.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Part D Contract and Plan ID that was active in the reference year was new or related to a Contract and Plan ID in the previous year.

SHORT NAME: —

LONG NAME: RELATIONSHIP_CODE

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: N = New
R = Renewal
C = Consolidation
S = Split
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 Part D Contract and Plan ID that was active in in the reference year — and any associated Contract and Plan ID(s) in the previous year.

SHORT NAME: —

LONG NAME: RELATIONSHIP_DESC

TYPE: CHAR

LENGTH: 15

SOURCE: CMS (HPMS Files)

VALUES: New = no link to a plan in the prior year
Renewal = same plan & 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
Split = 2 or more plans in the current year associated with a single plan & contract ID in prior year
Termination = plan appeared in prior year, not active in reference year

COMMENT: 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).

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).

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SEGMENT_ID

LABEL: Part D Market Segment Identifier

DESCRIPTION: This variable is the identifier for the geographic market segment covered by the Part D plan.

SHORT NAME: —

LONG NAME: SEGMENT_ID

TYPE: CHAR

LENGTH: 3

SOURCE: CMS (HPMS Files)

VALUES: 3-digit number

COMMENT: Prior to 2015, this variable was always encrypted to comply with CMS privacy rules. You need to know both the Part D contract number and plan benefit package identification number (variables called CONTRACT_ID and PLAN_ID) in order 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 Part D plan sponsors to CMS's Health Plan Management System (HPMS).

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SNP_TYPE

LABEL: Part D Special Needs Plan (SNP) Type

DESCRIPTION: This variable describes the type of special needs Part D plan (SNP) for applicable plan benefit packages.

SHORT NAME: —

LONG NAME: SNP_TYPE

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: 0 = Non-SNP
C = Chronic or Disabling Condition
D = Dual-Eligible
I = Institutional

COMMENT: The CCW constructs the Plan Characteristics file from information submitted by Part D 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_ACCESS

LABEL: Plan Requires Specialty Pharmacies for Some Drugs

DESCRIPTION: This variable indicates whether the Part D plan restricts access for some drugs to certain specialty pharmacies.

SHORT NAME: —

LONG NAME: SPECIALTY_ACCESS

TYPE: CHAR

LENGTH: 1

SOURCE: CMS (HPMS Files)

VALUES: Y = Yes
N = No
9 = Not applicable
X = Unknown

COMMENT: This variable is only available 2008–2010. The CCW constructs the Plan Characteristics file from information submitted by Part D 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 Number

DESCRIPTION: This variable indicates which, if any, of the formulary tiers is designated as the 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%.

SHORT NAME: —

LONG NAME: SPECIALTY_TIER

TYPE: CHAR

LENGTH: 2

SOURCE: CMS (HPMS Files)

VALUES: 01 - 06

COMMENT: This variable was new in 2007; it changed from 1 character to 2 in 2009.

The CCW constructs the Plan Characteristics file from information submitted by Part D 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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SSA_CODE

LABEL: Part D Segment SSA State and County Code

DESCRIPTION: This variable is the standard 5-digit Social Security Administration (SSA) state and county code in which the Part D plan benefit package (segment) provides coverage.

SHORT NAME: —

LONG NAME: SSA_CODE

TYPE: CHAR

LENGTH: 5

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The CCW constructs the Plan Characteristics file from information submitted by Part D 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_NAME

LABEL: Part D Segment State Name

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

SHORT NAME: —

LONG NAME: STATE_NAME

TYPE: CHAR

LENGTH: 24

SOURCE: CMS (HPMS Files)

VALUES: —

COMMENT: The CCW constructs the Plan Characteristics file from information submitted by Part D 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.

SHORT NAME: —

LONG NAME: TIER_ID

TYPE: CHAR

LENGTH: 2

SOURCE: CMS (HPMS Files)

VALUES: 01 - 09

COMMENT: The maximum number of tiers varied by year. The largest number of tiers was 9 (in 2007). Starting in 2011, only up to six tiers are possible.

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

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