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CODEBOOK:

Master Beneficiary Summary File (MBSF) — Base with Medicare Part A/B/D

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Revision Log

Date	Changed by	Revisions	Version
February 2021	K. Schneider	Converted to 2020 template	1.2
February 2021	D. Happe	Edit to RTI_Race_CD	1.1
May 2017	K. Schneider C. Alleman	Initial release of codebook for the Master Beneficiary Summary File — Base with Medicare Part A/B/D; includes ENRL_SRC variable.	1.0

Tips on Navigating the Codebook

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

- A complete listing of all variables in the files, in alphabetical order based on their SAS variable names.
- Individual entries for each variable that contain a short description of the variable, the possible values for the variable, and, in many cases, notes that discuss how the variable was constructed and should be used.

We have included hyperlinks throughout the codebook to make it easier for analysts to navigate between the table of contents and the detailed entries for the individual variables:

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

Table of Contents

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

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Variable Details

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

BENE_AGE_AT_END_REF_YR

LABEL: Age of beneficiary at end of year

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

SHORT NAME: AGE

LONG NAME: BENE_AGE_AT_END_REF_YR

TYPE: NUM

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB) (derived)

VALUES: Maximum age is 115

COMMENT: CCW calculates this variable.

BENE_BIRTH_DT

LABEL: Beneficiary date of birth

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

SHORT NAME: BENE_DOB

LONG NAME: BENE_BIRTH_DT

TYPE: DATE

LENGTH: 8

SOURCE: CMS Enrollment Database (EDB)

VALUES: MM/DD/YYYY

COMMENT: —

BENE_COUNTY_CD

LABEL: County code for beneficiary (SSA code)

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

SHORT NAME: CNTY_CD

LONG NAME: BENE_COUNTY_CD

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

VALUES: —

COMMENT: Each state has a series of codes beginning with '000' for each county within that state. Certain cities within that state have their own code. County codes must be combined with state codes to locate the specific county. The coding system is the SSA system, not the Federal Information Processing Standard (FIPS).

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

BENE_DEATH_DT

LABEL: Date of Death

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

SHORT NAME: DEATH_DT

LONG NAME: BENE_DEATH_DT

TYPE: DATE

LENGTH: 8

SOURCE: CMS Enrollment Database (EDB)

VALUES: —

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

BENE_ENROLLMT_REF_YR

LABEL: Reference Year

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

SHORT NAME: RFRNC_YR

LONG NAME: BENE_ENROLLMT_REF_YR

TYPE: NUM

LENGTH: 4

SOURCE: CMS Enrollment Database (EDB)

VALUES: 1999–current data year

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

BENE_ENTLMT_RSN_CURR

LABEL: Current Reason for Entitlement Code

DESCRIPTION: Current reason for Medicare entitlement

SHORT NAME: CREC

LONG NAME: BENE_ENTLMT_RSN_CURR

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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

COMMENT: This variable indicates how the beneficiary currently qualifies for Medicare.

The current reason for entitlement can differ from the original reason that a beneficiary qualified for Medicare (see the OREC variable).

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

BENE_ENTLMT_RSN_ORIG

LABEL: Original Reason for Entitlement Code

DESCRIPTION: Original reason for Medicare entitlement

SHORT NAME: OREC

LONG NAME: BENE_ENTLMT_RSN_ORIG

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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

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

BENE_ESRD_IND

LABEL: End-stage Renal Disease (ESRD) Indicator

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

SHORT NAME: ESRD_IND

LONG NAME: BENE_ESRD_IND

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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

COMMENT: CMS obtains this information from the Social Security Administration (SSA) record system.

BENE_HI_CVRAGE_TOT_MONS

LABEL: Part A Months Count

DESCRIPTION: Months of Part A coverage

SHORT NAME: A_MO_CNT

LONG NAME: BENE_HI_CVRAGE_TOT_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB) (derived)

VALUES: 0–12

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

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

BENE_HMO_IND_01   **BENE_HMO_IND_07**

BENE_HMO_IND_02   **BENE_HMO_IND_08**

BENE_HMO_IND_03   **BENE_HMO_IND_09**

BENE_HMO_IND_04   **BENE_HMO_IND_10**

BENE_HMO_IND_05   **BENE_HMO_IND_11**

BENE_HMO_IND_06   **BENE_HMO_IND_12**

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

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

SHORT NAME:

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

LONG NAME:

BENE_HMO_IND_01	BENE_HMO_IND_07
BENE_HMO_IND_02	BENE_HMO_IND_08
BENE_HMO_IND_03	BENE_HMO_IND_09
BENE_HMO_IND_04	BENE_HMO_IND_10
BENE_HMO_IND_05	BENE_HMO_IND_11
BENE_HMO_IND_06	BENE_HMO_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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

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

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

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

BENE_ID

LABEL: Encrypted CCW Beneficiary ID

DESCRIPTION: The unique CCW identifier for a beneficiary.

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

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

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

SHORT NAME: BENE_ID

LONG NAME: BENE_ID

TYPE: CHAR

LENGTH: 15

SOURCE: CCW

VALUES: —

COMMENT: —

BENE_MDCR_ENTLMT_BUYIN_IND_01

BENE_MDCR_ENTLMT_BUYIN_IND_02

BENE_MDCR_ENTLMT_BUYIN_IND_03

BENE_MDCR_ENTLMT_BUYIN_IND_04

BENE_MDCR_ENTLMT_BUYIN_IND_05

BENE_MDCR_ENTLMT_BUYIN_IND_06

BENE_MDCR_ENTLMT_BUYIN_IND_07

BENE_MDCR_ENTLMT_BUYIN_IND_08

BENE_MDCR_ENTLMT_BUYIN_IND_09

BENE_MDCR_ENTLMT_BUYIN_IND_10

BENE_MDCR_ENTLMT_BUYIN_IND_11

BENE_MDCR_ENTLMT_BUYIN_IND_12

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

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

SHORT NAME:

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

LONG NAME:

BENE_MDCR_ENTLMT_BUYIN_IND_01	BENE_MDCR_ENTLMT_BUYIN_IND_07
BENE_MDCR_ENTLMT_BUYIN_IND_02	BENE_MDCR_ENTLMT_BUYIN_IND_08
BENE_MDCR_ENTLMT_BUYIN_IND_03	BENE_MDCR_ENTLMT_BUYIN_IND_09
BENE_MDCR_ENTLMT_BUYIN_IND_04	BENE_MDCR_ENTLMT_BUYIN_IND_10
BENE_MDCR_ENTLMT_BUYIN_IND_05	BENE_MDCR_ENTLMT_BUYIN_IND_11
BENE_MDCR_ENTLMT_BUYIN_IND_06	BENE_MDCR_ENTLMT_BUYIN_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) CODE

VALUES:

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

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month.

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

The variable also indicates whether the beneficiary's state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary).

State Medicaid programs can pay those premiums for certain dual eligibles; this action is called "buying in" and so this variable is the "buy-in code."

BENE_MDCR_STATUS_CD

LABEL: Medicare Status Code

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare.

SHORT NAME: MS_CD

LONG NAME: BENE_MDCR_STATUS_CD

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Enrollment Database (EDB) (derived by CMS)

VALUES: 10 = Aged without end-stage renal disease (ESRD)
                   11 = Aged with ESRD
                   20 = Disabled without ESRD
                   21 = Disabled with ESRD
                   31 = ESRD only

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

                   This field is coded from age, original reason for entitlement, current reason for entitlement and ESRD contained in the enrollment data base at CMS at the date of processing.

BENE_PTA_TRMNTN_CD

LABEL: Part A Termination Code

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

SHORT NAME: A_TRM_CD

LONG NAME: BENE_PTA_TRMNTN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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

COMMENT: —

BENE_PTB_TRMNTN_CD

LABEL: Part B Termination Code

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

SHORT NAME: B_TRM_CD

LONG NAME: BENE_PTB_TRMNTN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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

COMMENT: —

BENE_RACE_CD

LABEL: Beneficiary Race Code

DESCRIPTION: The race of the beneficiary.

SHORT NAME: RACE

LONG NAME: BENE_RACE_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

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

COMMENT: —

BENE_SEX_IDENT_CD

LABEL: Sex

DESCRIPTION: This variable indicates the sex of the beneficiary.

SHORT NAME: SEX

LONG NAME: BENE_SEX_IDENT_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

VALUES: 0 = Unknown
                   1 = Male
                   2 = Female

COMMENT: —

BENE_SMI_CVRAGE_TOT_MONS

LABEL: Part B Months Count

DESCRIPTION: Months of Part B coverage

SHORT NAME: B_MO_CNT

LONG NAME: BENE_SMI_CVRAGE_TOT_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB) (derived)

VALUES: 0–12

COMMENT: This variable is the number of months during the year that the beneficiary had Medicare Part B coverage. (This is sometimes referred to as supplemental medical insurance coverage — or SMI coverage).

CCW derives this variable by counting the number of months where the beneficiary had Part B coverage (i.e., the BUYINXX variable equaled 2, B, 3, or C).

BENE_STATE_BUYIN_TOT_MONS

LABEL: State Buy-In Coverage Count

DESCRIPTION: Months of state buy-in.

SHORT NAME: BUYIN_MO

LONG NAME: BENE_STATE_BUYIN_TOT_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

VALUES: 0–12

COMMENT: This variable counts the total number of months during the year when the beneficiary premium was paid by the state.

State Medicaid programs can pay Medicare premiums for certain dual eligibles (i.e., for beneficiaries also enrolled in a state Medicaid program); this action is called "buying in" and so this variable is the "buy-in code." Any month where the BUYINXX variable was: A (Part A state buy-in), B (Part B state buy-in), or C(Part A and Part B state buy-in) is counted.

BENE_VALID_DEATH_DT_SW

LABEL: Valid Date of Death Switch

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

SHORT NAME: V_DOD_SW

LONG NAME: BENE_VALID_DEATH_DT_SW

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

VALUES: Null = Default
V = Valid death date

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

BENE_ZIP_CD

LABEL: Zip code for beneficiary

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

SHORT NAME: BENE_ZIP

LONG NAME: BENE_ZIP_CD

TYPE: CHAR

LENGTH: 9

SOURCE: CMS Enrollment Database (EDB)

VALUES: 9-digit zip

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

COVSTART

LABEL: Medicare Coverage Start Date

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

SHORT NAME: COVSTART

LONG NAME: COVSTART

TYPE: DATE

LENGTH: 8

SOURCE: CMS Enrollment Database (EDB)

VALUES: —

COMMENT: Historic date of 1st Medicare coverage (may be prior to 1999, which is the earliest claim files available through CCW).

CRDTBL_CVRG_SW

LABEL: Creditable Coverage Switch

DESCRIPTION: This variable indicates whether there were any months during the year when the beneficiary was not enrolled in the Part D benefit but had another form of drug coverage that was at least as generous. This alternate coverage is known as creditable coverage because beneficiaries who maintain it do not have to pay a late enrollment penalty if they later enroll in Part D.

SHORT NAME: CRDCOVSW

LONG NAME: CRDTBL_CVRG_SW

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

VALUES: 0 = Beneficiary did not have any months during the year with creditable coverage
1 = Beneficiary had at least one month with creditable coverage
* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'X' for 2006–2009)

COMMENT: Common examples of creditable coverage are the FEHB program, Tricare, the Virginia, state pharmacy assistance programs, or employment-based coverage for beneficiaries who are still working. CMS does not collect information on the drugs covered by these other sources of coverage.

CRNT_BIC_CD

LABEL: Current Beneficiary Identification Code

DESCRIPTION: The current beneficiary identification code (BIC) specifies the basis of the beneficiary's eligibility for cash payment programs, mainly Social Security.

When the individual qualifies under another person's account (for example, as a spouse or child), the code identifies the type of relationship between the individual and primary beneficiary.

SHORT NAME: CRNT_BIC

LONG NAME: CRNT_BIC_CD

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Enrollment Database (EDB)

VALUES: 10 = Railroad Retirement Board (RRB) employee or annuitant
11 = RRB Survivor joint annuitant reduced benefits taken to insure benefits for surviving spouse
13 = RRB Child of RR annuitant or Widow of annuitant with a child in her care
14 = RRB Spouse of RR employee or annuitant husband or wife
15 = RRB Parent of annuitant
16 = RRB Widow widower of RR annuitant
17 = RRB Disabled adult child of RR annuitant
43 = RRB Child of RR employee or Widow of employee with a child in her care
45 = RRB Parent of employee
46 = RRB Widow widower of RR employee
80 = RRB RR pensioner age or disability
83 = RRB Widow of pensioner with a child in her care
84 = RRB Spouse of RR pensioner
85 = RRB Parent of pensioner
86 = RRB Widow widower of RR pensioner
A = Primary claimant
B = Aged wife age 62 or over 1st claimant
B1 = Aged husband age 62 or over 1st claimant
B2 = Young wife with a child in her care 1st claimant
B3 = Aged wife 2nd claimant
B4 = Aged husband 2nd claimant
B5 = Young wife 2nd claimant
B6 = Divorced wife age 62 or over 1st claimant
B7 = Young wife 3rd claimant
B8 = Aged wife 3rd claimant
B9 = Divorced wife 2nd claimant
BA = Aged wife 4th claimant
BD = Aged wife 5th claimant
BG = Aged husband 3rd claimant
BH = Aged husband 4th claimant

BJ = Aged husband 5th claimant
BK = Young wife 4th claimant
BL = Young wife 5th claimant
BN = Divorced wife 3rd claimant
BP = Divorced wife 4th claimant
BQ = Divorced wife 5th claimant
BR = Divorced husband 1st claimant
BT = Divorced husband 2nd claimant
BW = Young husband 2nd claimant
BY = Young husband 1st claimant
C1 = Child includes minor student or disabled child 1st claimant
C2 = Child includes minor student or disabled child 2nd claimant
C3 = Child includes minor student or disabled child 3rd claimant
C4 = Child includes minor student or disabled child 4th claimant
C5 = Child includes minor student or disabled child 5th claimant
C6 = Child includes minor student or disabled child 6th claimant
C7 = Child includes minor student or disabled child 7th claimant
C8 = Child includes minor student or disabled child 8th claimant
C9 = Child includes minor student or disabled child 9th claimant
CA = Child includes minor student or disabled child 10th claimant
CB = Child includes minor student or disabled child 11th claimant
CC = Child includes minor student or disabled child 12th claimant
CD = Child includes minor student or disabled child 13th claimant
CE = Child includes minor student or disabled child 14th claimant
CF = Child includes minor student or disabled child 15th claimant
CG = Child includes minor student or disabled child 16th claimant
CH = Child includes minor student or disabled child 17th claimant
CI = Child includes minor student or disabled child 18th claimant
CJ = Child includes minor student or disabled child 19th claimant
CK = Child includes minor student or disabled child 20th claimant
CL = Child includes minor student or disabled child 21st claimant
CM = Child includes minor student or disabled child 22nd claimant
CN = Child includes minor student or disabled child 23rd claimant
CO = Child includes minor student or disabled child 24th claimant
CP = Child includes minor student or disabled child 25th claimant
CQ = Child includes minor student or disabled child 26th claimant
CR = Child includes minor student or disabled child 27th claimant
CS = Child includes minor student or disabled child 28th claimant
CT = Child includes minor student or disabled child 29th claimant
CU = Child includes minor student or disabled child 30th claimant
CV = Child includes minor student or disabled child 31st claimant
CW = Child includes minor student or disabled child 32nd claimant
CX = Child includes minor student or disabled child 33rd claimant
CY = Child includes minor student or disabled child 34th claimant
CZ = Child includes minor student or disabled child 35th claimant
D = Aged widow 60 or over 1st claimant
D1 = Aged widower age 60 or over 1st claimant
D2 = Aged widow 2nd claimant

D3 = Aged widower 2nd claimant
D4 = Widow remarried after attainment of age 60 1st claimant
D5 = Widower remarried after attainment of age 60 1st claimant
D6 = Surviving divorced wife age 60 or over 1st claimant
D7 = Surviving divorced wife 2nd claimant
D8 = Aged widow 3rd claimant
D9 = Remarried widow 2nd claimant
DA = Remarried widow 3rd claimant
DC = Surviving divorced husband 1st claimant
DD = Aged widow 4th claimant
DG = Aged widow 5th claimant
DH = Aged widower 3rd claimant
DJ = Aged widower 4th claimant
DK = Aged widower 5th claimant
DL = Remarried widow 4th claimant
DM = Surviving divorced husband 2nd claimant
DN = Remarried widow 5th claimant
DP = Remarried widower 2nd claimant
DQ = Remarried widower 3rd claimant
DR = Remarried widower 4th claimant
DS = Surviving divorced husband 3rd claimant
DT = Remarried widower 5th claimant
DV = Surviving divorced wife 3rd claimant
DW = Surviving divorced wife 4th claimant
DX = Surviving divorced husband 4th claimant
DY = Surviving divorced wife 5th claimant
DZ = Surviving divorced husband 5th claimant
E = Mother widow 1st claimant
E1 = Surviving divorced mother 1st claimant
E2 = Mother widow 2nd claimant
E3 = Surviving divorced mother 2nd claimant
E4 = Father widower 1st claimant
E5 = Surviving divorced father widower 1st claimant
E6 = Father widower 2nd claimant
E7 = Mother widow 3rd claimant
E8 = Mother widow 4th claimant
E9 = Surviving divorced father widower 2nd claimant
EA = Mother widow 5th claimant
EB = Surviving divorced mother 3rd claimant
EC = Surviving divorced mother 4th claimant
ED = Surviving divorced mother 5th claimant
EF = Father widower 3rd claimant
EG = Father widower 4th claimant
EH = Father widower 5th claimant
EJ = Surviving divorced father 3rd claimant
EK = Surviving divorced father 4th claimant
EM = Surviving divorced father 5th claimant
F1 = Father

F2 = Mother
F3 = Stepfather
F4 = Stepmother
F5 = Adopting father
F6 = Adopting mother
F7 = Second alleged father
F8 = Second alleged mother
J1 = Primary prouty entitled to HIB less than 3 QC general fund
J2 = Primary prouty entitled to HIB over 2 QC RSI trust fund
J3 = Primary prouty not entitled to HIB less than 3 QC general fund
J4 = Primary prouty not entitled to HIB over 2 QC RSI trust fund
K1 = Prouty wife entitled to HIB less than 3 QC general fund 1st claimant
K2 = Prouty wife entitled to HIB over 2 QC RSI trust fund 1st claimant
K3 = Prouty wife not entitled to HIB less than 3 QC general fund 1st claimant
K4 = Prouty wife not entitled to HIB over 2 QC RSI trust fund 1st claimant
K5 = Prouty wife entitled to HIB less than 3 QC general fund 2nd claimant
K6 = Prouty wife entitled to HIB over 2 QC RSI trust fund 2nd claimant
K7 = Prouty wife not entitled to HIB less than 3 QC general fund 2nd claimant
K8 = Prouty wife not entitled to HIB over 2 QC RSI trust fund 2nd claimant
K9 = Prouty wife entitled to HIB less than 3 QC general fund 3rd claimant
KA = Prouty wife entitled to HIB over 2 QC RSI trust fund 3rd claimant
KB = Prouty wife not entitled to HIB less than 3 QC general fund 3rd claimant
KC = Prouty wife not entitled to HIB over 2 QC RSI trust fund 3rd claimant
KD = Prouty wife entitled to HIB less than 3 QC general fund 4th claimant
KE = Prouty wife entitled to HIB over 2 QC 4th claimant
KF = Prouty wife not entitled to HIB less than 3 QC 4th claimant
KG = Prouty wife not entitled to HIB over 2 QC 4th claimant
KH = Prouty wife entitled to HIB less than 3 QC 5th claimant
KJ = Prouty wife entitled to HIB over 2 QC 5th claimant
KL = Prouty wife not entitled to HIB less than 3 QC 5th claimant
KM = Prouty wife not entitled to HIB over 2 QC 5th claimant
M = Uninsured not qualified for deemed HIB
M1 = Uninsured qualified but refused HIB
T = Uninsured entitled to HIB under deemed or renal provisions
TA = Medicare Qualified Government Employment (MQGE) primary claimant
TB = MQGE aged spouse first claimant
TC = MQGE disabled adult child first claimant
TD = MQGE aged widower first claimant
TE = MQGE young widower first claimant
TF = MQGE parent male
TG = MQGE aged spouse second claimant
TH = MQGE aged spouse third claimant
TJ = MQGE aged spouse fourth claimant
TK = MQGE aged spouse fifth claimant
TL = MQGE aged widower second claimant
TM = MQGE aged widower third claimant
TN = MQGE aged widower fourth claimant
TP = MQGE aged widower fifth claimant

TQ = MQGE parent female
TR = MQGE young widower second claimant
TS = MQGE young widower third claimant
TT = MQGE young widower fourth claimant
TU = MQGE young widower fifth claimant
TV = MQGE disabled widower fifth claimant
TW = MQGE disabled widower first claimant
TX = MQGE disabled widower second claimant
TY = MQGE disabled widower third claimant
TZ = MQGE disabled widower fourth claimant
T2 = Disabled child 2nd claimant
T3 = Disabled child 3rd claimant
T4 = Disabled child 4th claimant
T5 = Disabled child 5th claimant
T6 = Disabled child 6th claimant
T7 = Disabled child 7th claimant
T8 = Disabled child 8th claimant
T9 = Disabled child 9th claimant
W = Disabled widow age 50 or over 1st claimant
W1 = Disabled widower age 50 or over 1st claimant
W2 = Disabled widow 2nd claimant
W3 = Disabled widower 2nd claimant
W4 = Disabled widow 3rd claimant
W5 = Disabled widower 3rd claimant
W6 = Disabled surviving divorced wife 1st claimant
W7 = Disabled surviving divorced wife 2nd claimant
W8 = Disabled surviving divorced wife 3rd claimant
W9 = Disabled widow 4th claimant
WB = Disabled widower 4th claimant
WC = Disabled surviving divorced wife 4th claimant
WF = Disabled widow 5th claimant
WG = Disabled widower 5th claimant
WJ = Disabled surviving divorced wife 5th claimant
WR = Disabled surviving divorced husband 1st claimant
WT = Disabled surviving divorced husband 2nd claimant

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

CST_SHR_GRP_CD_01　　　　　　　　　**CST_SHR_GRP_CD_07**

CST_SHR_GRP_CD_02　　　　　　　　　**CST_SHR_GRP_CD_08**

CST_SHR_GRP_CD_03　　　　　　　　　**CST_SHR_GRP_CD_09**

CST_SHR_GRP_CD_04　　　　　　　　　**CST_SHR_GRP_CD_10**

CST_SHR_GRP_CD_05　　　　　　　　　**CST_SHR_GRP_CD_11**

CST_SHR_GRP_CD_06　　　　　　　　　**CST_SHR_GRP_CD_12**

LABEL:　　Monthly cost sharing group under Part D low-income subsidy — January–December (01–12)

DESCRIPTION:　This variable indicates the beneficiary's Part D low-income subsidy cost sharing group for a given month (January–December). The Part D benefit requires enrollees to pay both premiums and cost-sharing, but the program also has a low-income subsidy (LIS) that covers some or all those costs for certain low-income individuals, including deductibles and cost-sharing during the coverage gap.

SHORT NAME:

CSTSHR01　　　　　　　　　　　　CSTSHR07
CSTSHR02　　　　　　　　　　　　CSTSHR08
CSTSHR03　　　　　　　　　　　　CSTSHR09
CSTSHR04　　　　　　　　　　　　CSTSHR10
CSTSHR05　　　　　　　　　　　　CSTSHR11
CSTSHR06　　　　　　　　　　　　CSTSHR12

LONG NAME:

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

TYPE:　　CHAR

LENGTH:　　2

SOURCE:　　CMS Enrollment Database (EDB)

VALUES:　　00 = Not Medicare enrolled for the month

** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006–2009)

Enrolled in Medicare A and/or B and enrolled in Part D and:

01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment

02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment

03 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and high copayment

04 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and high copayment

05 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 100% premium subsidy and 15% copayment

06 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 75% premium subsidy and 15% copayment

07 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 50% premium subsidy and 15% copayment

08 = Beneficiary enrolled in Parts A and/or B, and Part D; enrolled in LIS with 25% premium subsidy and 15% copayment

09 = Beneficiary enrolled in Parts A and/or B, and Part D; no premium or cost sharing subsidy

Enrolled in Medicare A and/or B, but not Part D enrolled and:

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

11 = Beneficiary enrolled in Parts A and/or B, but not Part D; beneficiary has creditable coverage from a plan that does not receive the RDS subsidy

12 = Beneficiary enrolled in Parts A and/or B, but not Part D; not in an RDS plan and no creditable coverage

13 = Beneficiary enrolled in Parts A and/or B, but not Part D; none of the above conditions have been met

COMMENT: CMS identifies beneficiaries with fully subsidized Part D coverage by looking for individuals that have a 01, 02, or 03 for the month.

Other beneficiaries who are eligible for the LIS but do not receive a full subsidy have a 04, 05, 06, 07, or 08.

The remaining values indicate that the individual is not eligible for subsidized Part D coverage.

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

DUAL_ELGBL_MOS_NUM

LABEL: Months of Dual Eligibility

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

SHORT NAME: DUAL_MO

LONG NAME: DUAL_ELGBL_MOS_NUM

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Enrollment Database (EDB) (derived)

VALUES: The value in this field is between '00' through '12'.

COMMENT: CCW derived this variable by counting the number of months where the beneficiary had dual eligibility (DUAL_STUS_CD_XX not equal to '00' or '**'). There are different ways to classify dually eligible beneficiaries — in terms of whether he/she is enrolled in full or partial benefits. Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles"

DUAL_STUS_CD_01   **DUAL_STUS_CD_07**

DUAL_STUS_CD_02   **DUAL_STUS_CD_08**

DUAL_STUS_CD_03   **DUAL_STUS_CD_09**

DUAL_STUS_CD_04   **DUAL_STUS_CD_10**

DUAL_STUS_CD_05   **DUAL_STUS_CD_11**

DUAL_STUS_CD_06   **DUAL_STUS_CD_12**

LABEL: Monthly Medicare-Medicaid dual eligibility code — January–December (01–12)

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

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Enrollment Database (EDB)

VALUES: ** = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'XX' for 2006–2009)

NA = Non-Medicaid
00 = Not enrolled in Medicare for the month
01 = Qualified Medicare Beneficiary (QMB)-only
02 = QMB and full Medicaid coverage, including prescription drugs
03 = Specified Low-Income Medicare Beneficiary (SLMB)-only
04 = SLMB and full Medicaid coverage, including prescription drugs
05 = Qualified Disabled Working Individual (QDWI)
06 = Qualifying individuals (QI)

08 = Other dual eligible (not QMB, SLMB, QWDI, or QI) with full Medicaid coverage, including prescription drugs
09 = Other dual eligible, but without Medicaid coverage
99 = Unknown

COMMENT: The original source for this variable is the State Medicare Modernization Act (MMA) files that states submit to CMS. Those files are considered the "gold standard" for identifying dual eligibles because the information in them is used to determine the level of Medicare Part D low-income subsidies.

Dual eligibles are often divided into "full duals" and "partial duals" based on the level of Medicaid benefits they receive. CMS considers beneficiaries to be full duals if they have values of 02, 04, or 08, and to be partial duals if they have values of 01, 03, 05, or 06. Partial duals sometimes divided into the QMB-only population (01) and all other partial duals (03, 05, or 06). There are different ways to classify dually eligible beneficiaries.

Additional information regarding various ways to identify dually enrolled populations, refer to a CCW Technical Guidance document entitled: "Options in Determining Dual Eligibles".

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

ENHANCED_FIVE_PERCENT_FLAG

LABEL: Enhanced Medicare 5% Sample Indicator

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

SHORT NAME: EFIVEPCT

LONG NAME: ENHANCED_FIVE_PERCENT_FLAG

TYPE: CHAR

LENGTH: 1

SOURCE: CCW (derived)

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

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

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

ENRL_SRC

LABEL: Enrollment Source

DESCRIPTION: This variable indicates the source of enrollment data.

SHORT NAME: ENRL_SRC

LONG NAME: ENRL_SRC

TYPE: CHAR

LENGTH: 3

SOURCE: CCW

VALUES: EDB = Enrollment Database
CME = Common Medicare Environment

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

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

FIVE_PERCENT_FLAG

LABEL: Medicare 5% Sample Indicator

DESCRIPTION: This variable indicates if the beneficiary is part of the standard CMS random five percent sample of Medicare beneficiaries for the reference year.

SHORT NAME: FIVEPCT

LONG NAME: FIVE_PERCENT_FLAG

TYPE: CHAR

LENGTH: 1

SOURCE: CCW (derived)

VALUES: Y = Yes, in 5% sample for the year
Null = Not included in 5% sample for the year

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

The sampling determination is made each year. It is possible that a beneficiary with a HIC change is part of the 5% one year but not the next. To identify these cases, the CCW includes the enhanced 5% sample indicator (see variable ENHANCED_FIVE_PERCENT_FLAG); all beneficiaries who are ever included in the 5% sample (1999+) are identified.

PLAN_CVRG_MOS_NUM

LABEL: Months of Part D Coverage

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

SHORT NAME: PLNCOVMO

LONG NAME: PLAN_CVRG_MOS_NUM

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Enrollment Database (EDB) (derived)

VALUES: The value in this field is between '00' through '12'.

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

PTD_CNTRCT_ID_01   **PTD_CNTRCT_ID_07**

PTD_CNTRCT_ID_02   **PTD_CNTRCT_ID_08**

PTD_CNTRCT_ID_03   **PTD_CNTRCT_ID_09**

PTD_CNTRCT_ID_04   **PTD_CNTRCT_ID_10**

PTD_CNTRCT_ID_05   **PTD_CNTRCT_ID_11**

PTD_CNTRCT_ID_06   **PTD_CNTRCT_ID_12**

LABEL: Monthly Part D Contract Number — January–December (01–12)

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

SHORT NAME:

CNTRCT01	CNTRCT07
CNTRCT02	CNTRCT08
CNTRCT03	CNTRCT09
CNTRCT04	CNTRCT10
CNTRCT05	CNTRCT11
CNTRCT06	CNTRCT12

LONG NAME:

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

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Enrollment Database (EDB)

VALUES: E = Employer direct plan (starting January 2007)

H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)

R = Regional preferred provider organization (PPO)

S = Stand-alone prescription drug plan (PDP)

X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)

N = Not Part D Enrolled

0 = Not Medicare enrolled for the month

* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated by 'X' for 2006–2009)

COMMENT: The first character of the contract ID is a letter that indicates the type of plan (for July 2009 and later, when X is followed by additional numbers/characters, it indicates Part D enrollment; for 2006–2009 the 'X' appeared without any other digits and indicated the beneficiary was not enrolled in Part D).

If the beneficiary did not have a Part D plan for a given month, this variable will have a value of X, N, 0, or *, or be null/missing for that month. If the beneficiary changed plans during the year, the value indicates the final, reconciled contract number. For 2006–2012, this variable was always encrypted to comply with CMS privacy rules.

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

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

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

LABEL: Monthly Part D Plan Benefit Package Number — January–December (01–12)

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

SHORT NAME:

PBPID01	PBPID07
PBPID02	PBPID08
PBPID03	PBPID09
PBPID04	PBPID10
PBPID05	PBPID11
PBPID06	PBPID12

LONG NAME:

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

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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

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

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

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

contract number (PTD_CNTRCT_ID_XX) and plan benefit package to identify the specific plan in which a beneficiary was enrolled.

PTD_SGMT_ID_01

PTD_SGMT_ID_02

PTD_SGMT_ID_03

PTD_SGMT_ID_04

PTD_SGMT_ID_05

PTD_SGMT_ID_06

PTD_SGMT_ID_07

PTD_SGMT_ID_08

PTD_SGMT_ID_09

PTD_SGMT_ID_10

PTD_SGMT_ID_11

PTD_SGMT_ID_12

LABEL: Monthly Part D Market Segment Identifier — January–December (01–12)

DESCRIPTION: This variable is the segment number that CMS assigns to identify a geographic market segment or subdivision of a Part D plan; the segment number allows you to determine the market area covered by the plan. The variable describes the market segment for a given month (January–December).

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Enrollment Database (EDB)

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

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

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

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

RDS_CVRG_MOS_NUM

LABEL: Months of Retiree Drug Subsidy Coverage

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

SHORT NAME: RDSCOVMO

LONG NAME: RDS_CVRG_MOS_NUM

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Enrollment Database (EDB) (derived)

VALUES: The value in this field is between '00' through '12'.

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

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

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

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

LABEL: Monthly Part D Retiree Drug Subsidy Indicator — January–December (01–12)

DESCRIPTION: This variable indicates if the beneficiary was enrolled in an employer-sponsored prescription drug plan that qualified for Part D's retiree drug subsidy (RDS) for a given month (January–December).

SHORT NAME:

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB)

VALUES: Y = Employer subsidized for the retired beneficiary
N = No employer subsidization for the retired beneficiary
0 = Not Medicare enrolled for the month
* = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary. (This status was indicated as 'X' for 2006–2009)

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

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

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

RTI_RACE_CD

LABEL: Research Triangle Institute (RTI) Race Code

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

SHORT NAME: RTI_RACE_CD

LONG NAME: RTI_RACE_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Enrollment Database (EDB) (derived)

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

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

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

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

STATE_CODE

LABEL: State code for beneficiary (SSA code)

DESCRIPTION: This variable is the two-digit Social Security Administration (SSA) code for the state identified as the beneficiary mailing address.

SHORT NAME: STATE_CD

LONG NAME: STATE_CODE

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Enrollment Database (EDB)

VALUES:

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

98 = Guam   XX = Unknown
99 = American Samoa

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

The coding system is the SSA system, not the Federal Information Processing Standard (FIPS).