Chronic Conditions Warehouse

CODEBOOK:
Master Beneficiary Summary File (MBSF)
Cost and Use Segment

MARCH 2022 | VERSION 1.2

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Revision Log

Date	Changed by	Revisions	Version
March 2022	K. Schneider R. VanGilder	Corrected the algorithms for the “stays” variables so that they refer to the CLM_THRU_DT.	1.2
February 2021	C. Alleman K. Russell	Migrated codebook to new document template.	1.1
May 2017	C. Alleman K. Schneider	Initial release of codebook for the Master Beneficiary Summary File – Cost and Use Segment.	1.0

Tips on Navigating the Codebook

This document is a detailed codebook that describes each variable in the Medicare Beneficiary Summary File (MBSF) — Cost and Use Segment research files. We have included several ways for users to quickly find the information they need:

- A complete listing of all variables in the files, in alphabetical order based on their SAS variable names.
- Individual entries for each variable contain a short description of the variable, the possible values for the variable, and, in many cases, comments discussing the variable construction and use.

Hyperlinks are included throughout the codebook to make it easier for users to navigate between the table of contents and the detailed entries for the individual variables:

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

Table of Contents

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

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Variable Details

This section of the codebook contains one entry for each variable in the Medicare Beneficiary Summary File (MBSF) Cost and Use Segment files. Each entry contains variable details to facilitate understanding and use of the variables.

ACUTE_BENE_PMT

LABEL: Acute Inpatient Hospital Beneficiary Payments

DESCRIPTION: This variable is the sum of Medicare coinsurance and deductible payments in the acute inpatient hospital setting for the year. The total acute hospitalization beneficiary payments are calculated as the sum of the beneficiary deductible amount and coinsurance amount (variables called NCH_BENE_IP_DDCTBL_AMT and NCH_BENE_PTA_COINSRNC_LBLTY_AM) for all acute inpatient claims where the CLM_PMT_AMT >= 0.

SHORT NAME: —

LONG NAME: ACUTE_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: Acute inpatient claims are a subset of the claims in the IP data file consisting of data from both acute hospitals and critical access hospitals (CAH). These facilities are those where either the 3rd digit of the provider number (SAS variable PRVDR_NUM) = 0 or the 3rd and 4th digits of PRVDR_NUM = 13.

There are two cost/use categories from the IP data files: Acute and OIP.

Costs that beneficiaries are liable for are described in detail on the Medicare.gov website. There is a CMS publication called "Your Medicare Benefits", which explains the deductibles and coinsurance amounts.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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ACUTE_COV_DAYS

LABEL: Acute Inpatient Medicare Covered Days

DESCRIPTION: This variable is the count of Medicare covered days in the acute inpatient hospital setting for the year. This variable equals the sum of the CLM_UTLZTN_DAY_CNT variables on the source claims.

SHORT NAME: —

LONG NAME: ACUTE_COV_DAYS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: Acute inpatient hospital claims are a subset of the claims in the IP data file consisting of data from both acute hospitals and critical access hospitals (CAH). These facilities are those where either the 3rd digit of the provider number (SAS variable PRVDR_NUM) = 0 or the 3rd and 4th digits of PRVDR_NUM = 13.

We consider fully covered days, days where the beneficiary was liable for coinsurance, and lifetime reserve days to all be Medicare-covered days. Non-covered days, leave of absence days, and the day of discharge or death are not included. The algorithm for ACUTE_COV_DAYS includes only claims that ended during the calendar year (using the CLM_THRU_DT) where the payment amount was >= $0. There are two cost/use categories from the IP data files: Acute and the OIP.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html)

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ACUTE_MDCR_PMT

LABEL: Acute Inpatient Medicare Payments

DESCRIPTION: This variable is the sum of the Medicare claim payment amounts (CLM_PMT_AMT from each claim) in the acute inpatient hospital setting for a given year. To obtain the total acute hospital Medicare payments, take this variable and add in the annual per diem payment amount (ACUTE_MDCR_PMT + ACUTE_PERDIEM_AMT).

SHORT NAME: —

LONG NAME: ACUTE_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: Acute inpatient hospital claims are a subset of the claims in the IP data file consisting of data from both acute hospitals and critical access hospitals (CAH). These facilities are those where either the 3rd digit of the provider number (SAS variable PRVDR_NUM) = 0 or the 3rd and 4th digits of PRVDR_NUM = 13.

ACUTE_PERDIEM_PMT must be added to this field to obtain the total acute hospital Medicare payments for the year. The annual per diem variable was new in 2010; it will always be null/missing in earlier files.

There are two cost/use categories from the IP data files: Acute and the OIP.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html)

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ACUTE_PERDIEM_PMT

LABEL: Acute Inpatient Hospital Pass-thru Per Diem Payments

DESCRIPTION: This variable is the sum of all the pass through per diem payment amounts (CLM_PASS_THRU_PER_DIEM_AMT from each claim) in the acute inpatient hospital setting for the year. Medicare payments are designed to include certain "pass-through" expenses such as capital-related costs, direct medical education costs, kidney acquisition costs for hospitals that are renal transplant centers, and bad debts. This variable is the sum of all the daily payments for pass-through expenses. It is not included in the Medicare Payment amount (ACUTE_MDCR_PMT). To determine the total Medicare payments for acute hospitalizations for the beneficiary, this field must be added to the total Medicare payment amount for acute inpatient hospitalizations.

SHORT NAME: —

LONG NAME: ACUTE_PERDIEM_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: This variable was new in 2010; it will always be null/missing in earlier files.

ACUTE_MDCR_PMT must be added to this field to obtain the total Medicare payments for the year.

Acute inpatient hospital claims are a subset of the claims in the IP data file consisting of data from both acute hospitals and critical access hospitals (CAH). These facilities are those where either the 3rd digit of the provider number (SAS variable PRVDR_NUM) = 0 or the 3rd and 4th digits of PRVDR_NUM = 13.

There are two cost/use categories from the IP data files: Acute and the OIP.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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ACUTE_PRMRY_PMT

LABEL: Acute Inpatient Hospital Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for acute inpatient hospital stays by a primary payer other than Medicare. It is the sum of all the primary payer amounts.

(NCH_PRMRY_PYR_CLM_PD_AMT from each claim) in the acute inpatient hospital setting for the year.

SHORT NAME: —

LONG NAME: ACUTE_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: This variable was new in 2010; it will always be null/missing in earlier files.

Acute inpatient claims are a subset of the claims in the IP data file consisting of data from both acute hospitals and critical access hospitals (CAH). These facilities are those where either the 3rd digit of the provider number (SAS variable PRVDR_NUM) = 0 or the 3rd and 4th digits of PRVDR_NUM = 13.

There are two cost/use categories from the IP data files: Acute and the OIP.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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ACUTE_STAYS

LABEL: Acute Inpatient Stays

DESCRIPTION: This variable is the count of acute inpatient hospital stays (unique admissions, which may span more than one facility) for the year. An acute inpatient stay is defined as a set of one or more consecutive acute inpatient hospital claims where the beneficiary is only discharged on the most recent claim in the set. If a beneficiary is transferred to a different provider, the acute stay is continued even if there is a discharge date on the claim from which the beneficiary was transferred.

SHORT NAME: —

LONG NAME: ACUTE_STAYS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: The CLM_THRU_DT for the last claim associated with the stay must have been in the year of the data file. Stays that cross-over into another calendar year would only appear in the year when the stay ended (e.g., a stay that began in 2017 but ended in 2018 would only be counted as a stay in the 2018 file).

Acute inpatient hospital claims are a subset of the claims in the IP data file consisting of data from both acute hospitals and critical access hospitals (CAH). These facilities are those where either the 3rd digit of the provider number (SAS variable PRVDR_NUM) = 0 or the 3rd and 4th digits of PRVDR_NUM = 13.

There are two cost/use categories from the IP data files: Acute and the OIP.

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ANES_BENE_PMT

LABEL: Anesthesia Beneficiary Payments

DESCRIPTION: This variable is the sum of coinsurance and deductible payments for Part B anesthesia services (ANES) for a given year. The total Beneficiary payments are calculated as the sum of LINE_COINSRNC_AMT + LINE_BENE_PTB_DDCTBL_AMT for the relevant lines.

ANES claims are a subset of the claims, and a subset of procedures in the Part B Carrier data file. ANES claims are defined as those with a line BETOS code (BETOS_CD) where the first two digits = 'P0' and the CARR_LINE_MTUS_CD = '2'.

SHORT NAME: —

LONG NAME: ANES_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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ANES_EVENTS

LABEL: Anesthesia Events

DESCRIPTION: This variable is the count of events for Part B anesthesia services (ANES) for a given year. An event is defined as each line item that contains the relevant service.

ANES claims are a subset of the claims, and a subset of procedures in the Part B Carrier data file. ANES claims are defined as those with a line BETOS code (BETOS_CD) where the first two digits = 'P0' and the CARR_LINE_MTUS_CD = '2'.

SHORT NAME: —

LONG NAME: ANES_EVENTS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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ANES_MDCR_PMT

LABEL: Anesthesia Medicare Payments

DESCRIPTION: This variable is the total Medicare payments for Part B anesthesia services (ANES) for a given year. ANES claims are a subset of the claims, and a subset of procedures in the Part B Carrier data file.

ANES claims are defined as those with a line BETOS code (BETOS_CD) where the first two digits = 'P0' and the CARR_LINE_MTUS_CD = '2'. The total Medicare payments are calculated as the sum of LINE_NCH_PMT_AMT where the LINE_PRCSG_IND_CD was 'A', 'R', or 'S' — for all relevant lines.

SHORT NAME: —

LONG NAME: ANES_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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ANES_PRMRY_PMT

LABEL: Anesthesia Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for anesthesia services (ANES) by a primary payer other than Medicare for a given year. ANES claims are a subset of the claims, and a subset of procedures in the Part B Carrier data file.

ANES claims are defined as those with a line BETOS code (BETOS_CD) where the first two digits = 'P0' and the CARR_LINE_MTUS_CD= '2'. The total Primary Payer Payments are calculated as the sum of the LINE_BENE_PRMRY_PYR_PD_AMT.

SHORT NAME: —

LONG NAME: ANES_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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ASC_BENE_PMT

LABEL: Ambulatory Surgery Center Beneficiary Payments

DESCRIPTION: This variable is the sum of coinsurance and deductible payments in the Part B ambulatory surgery center (ASC) setting for a given year. The total beneficiary payment is calculated as the sum of the LINE_COINSRNC_AMT + LINE_BENE_PTB_DDCTBL_AMT for all relevant lines.

ASC claims are a subset of the claims in the Part B Carrier data file. The ASC claims are identified by the claim lines where the LINE_CMS_TYPE_SRVC_CD ='F'.

SHORT NAME: —

LONG NAME: ASC_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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ASC_EVENTS

LABEL: Ambulatory Surgery Center Events

DESCRIPTION: This variable is the count of events in the Part B ambulatory surgery center (ASC) setting for a given year. An event is defined as each line item that contains an ASC service.

ASC claims are a subset of the claims in the Part B Carrier data file. The ASC claims are identified by the claim lines where the LINE_CMS_TYPE_SRVC_CD ='F'.

SHORT NAME: —

LONG NAME: ASC_EVENTS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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ASC_MDCR_PMT

LABEL: Ambulatory Surgery Center Medicare Payments

DESCRIPTION: This variable is the total Medicare payments in the Part B ambulatory surgery center (ASC) setting for a given year. ASC claims are a subset of the claims in the Part B Carrier data file. The ASC claims are identified by the claim lines where the LINE_CMS_TYPE_SRVC_CD = 'F'. The total ASC Medicare Payments are calculated as the sum of LINE_NCH_PMT_AMT where the LINE_PRCSG_IND_CD was 'A', 'R', or 'S'.

SHORT NAME: —

LONG NAME: ASC_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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ASC_PRMRY_PMT

LABEL: Ambulatory Surgery Center Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for services in the ambulatory surgery center (ASC) setting by a primary payer other than Medicare for a given year. ASC claims are a subset of the claims in the Part B Carrier data file.

The ASC claims are identified by the claim lines where the LINE_CMS_TYPE_SRVC_CD = 'F'. The total ASC Primary Payer Payments are calculated as the sum of the LINE_BENE_PRMRY_PYR_PD_AMT.

SHORT NAME: —

LONG NAME: ASC_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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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.

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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: —

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DIALYS_BENE_PMT

LABEL: Dialysis Beneficiary Payments

DESCRIPTION: This variable is the total Medicare payments for Part B dialysis services (primarily the professional component since treatments are covered in hospital outpatient) for a given year. The total Beneficiary payments are calculated as the sum of LINE_COINSRNC_AMT + LINE_BENE_PTB_DDCTBL_AMT for the relevant lines.

SHORT NAME: —

LONG NAME: DIALYS_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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DIALYS_EVENTS

LABEL: Dialysis Events

DESCRIPTION: This variable is the total Medicare payments for Part B dialysis services (primarily the professional component since treatments are covered in hospital outpatient) for a given year. An event is defined as each line item that contains the relevant service. Dialysis claims are a subset of the claims, and a subset of procedures in the Part B Carrier data file.

Dialysis claims are defined as those with a line BETOS code (BETOS_CD) where the first two digits = 'P9'.

SHORT NAME: —

LONG NAME: DIALYS_EVENTS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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DIALYS_MDCR_PMT

LABEL: Dialysis Medicare Payments

DESCRIPTION: This variable is the total Medicare payments for Part B dialysis services (primarily the professional component since treatments are covered in hospital outpatient) for a given year. Dialysis claims are a subset of the claims, and a subset of procedures in the Part B Carrier data file.

Dialysis claims are defined as those with a line BETOS code (BETOS_CD) where the first two digits = 'P9'. The total Medicare payments are calculated as the sum of LINE_NCH_PMT_AMT where the LINE_PRCSG_IND_CD was 'A', 'R', or 'S' — for all relevant lines.

SHORT NAME: —

LONG NAME: DIALYS_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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DIALYS_PRMRY_PMT

LABEL: Dialysis Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for Part B dialysis services (primarily the professional component since treatments are covered in hospital outpatient) by a primary payer other than Medicare for a given year. Dialysis claims are a subset of the claims, and a subset of procedures in the Part B Carrier data file.

Dialysis claims are defined as those with a line BETOS code (BETOS_CD) where the first two digits = 'P9'. The total Primary Payer Payments are calculated as the sum of the LINE_BENE_PRMRY_PYR_PD_AMT.

SHORT NAME: —

LONG NAME: DIALYS_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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DME_BENE_PMT

LABEL: Durable Medical Equipment Beneficiary Payments

DESCRIPTION: This variable is the total Medicare payments for Part B durable medical equipment (DME) for a given year. The total Beneficiary payments are calculated as the sum of LINE_COINSRNC_AMT + LINE_BENE_PTB_DDCTBL_AMT for the relevant lines.

Claims for DME are a subset of the claims in the Part B Carrier and DME data files. These claims are defined as those with a line BETOS code (BETOS_CD) where the first three digits are 'D1A', 'D1B', 'D1C', 'D1D', 'D1E', or 'D1F'.

SHORT NAME: —

LONG NAME: DME_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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DME_EVENTS

LABEL: Durable Medical Equipment Events

DESCRIPTION: This variable is the count of events in the Part B durable medical equipment (DME) for a given year. An event is defined as each line item that contains the relevant service.

Claims for DME are a subset of the claims in the Part B Carrier and DME data files. These claims are defined as those with a line BETOS code (BETOS_CD) where the first three digits are 'D1A', 'D1B', 'D1C', 'D1D', 'D1E', or 'D1F'.

SHORT NAME: —

LONG NAME: DME_EVENTS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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DME_MDCR_PMT

LABEL: Durable Medical Equipment Medicare Payments

DESCRIPTION: This variable is the total Medicare payments for Part B durable medical equipment (DME) for a given year. Claims for DME are a subset of the claims in the Part B Carrier and DME data files.

These claims are defined as those with a line BETOS code (BETOS_CD) where the first three digits are 'D1A', 'D1B', 'D1C', 'D1D', 'D1E', or 'D1F'. The total Medicare payments are calculated as the sum of LINE_NCH_PMT_AMT where the LINE_PRCSG_IND_CD was 'A', 'R', or 'S' — for all relevant lines.

SHORT NAME: —

LONG NAME: DME_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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DME_PRMRY_PMT

LABEL: Durable Medical Equipment Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for Part B durable medical equipment (DME) by a primary payer other than Medicare for a given year. Claims for DME are a subset of the claims in the Part B Carrier and DME data files.

These claims are defined as those with a line BETOS code (BETOS_CD) where the first three digits are ('D1A','D1B','D1C','D1D','D1E', or 'D1F'). The total Primary Payer Payments are calculated as the sum of the LINE_BENE_PRMRY_PYR_PD_AMT.

SHORT NAME: —

LONG NAME: DME_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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EM_BENE_PMT

LABEL: Evaluation and Management (E/M) Beneficiary Payments

DESCRIPTION: This variable is the sum of coinsurance and deductible payments for the Part B evaluation and management (E/M) services for a given year. The total Beneficiary payments are calculated as the sum of LINE_COINSRNC_AMT + LINE_BENE_PTB_DDCTBL_AMT for the relevant lines.

E/M claims are a subset of the claims in the Part B Carrier and DME data files, and a subset of physician claims. The E/M claims are defined as those with a line BETOS code (BETOS_CD) where the first digit = 'M' (but is not M1A or M1B — which are categorized as physician office care in this file — reference PHYS_MDCR_PMT).

SHORT NAME: —

LONG NAME: EM_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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EM_EVENTS

LABEL: Evaluation and Management Events

DESCRIPTION: This variable is the count of events for the Part B evaluation and management (E/M) services for a given year. An event is defined as each line item that contains the relevant service.

E/M claims are a subset of the claims in the Part B Carrier and DME data files, and a subset of physician claims. The E/M claims are defined as those with a line BETOS code (BETOS_CD) where the first digit = 'M' (but is not M1A or M1B — which are categorized as physician office care in this file — reference PHYS_MDCR_PMT).

SHORT NAME: —

LONG NAME: EM_EVENTS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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EM_MDCR_PMT

LABEL: Evaluation and Management Medicare Payments

DESCRIPTION: This variable is the total Medicare payments for the Part B evaluation and management (E/M) services for a given year. E/M claims are a subset of the claims in the Part B Carrier and DME data files, and a subset of physician claims.

The E/M claims are defined as those with a line BETOS code (BETOS_CD) where the first digit = 'M' (but is not 'M1A' or 'M1B' — which are categorized as physician office care in this file — reference PHYS_MDCR_PMT). The total Medicare payments are calculated as the sum of LINE_NCH_PMT_AMT where the LINE_PRCSG_IND_CD was 'A', 'R', or 'S' — for all relevant lines.

SHORT NAME: —

LONG NAME: EM_MDCR_PMT

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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EM_PRMRY_PMT

LABEL: Evaluation and Management Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for evaluation and management (E/M) services by a primary payer other than Medicare for a given year. E/M claims are a subset of the claims in the Part B Carrier and DME data files, and a subset of physician claims.

The E/M claims are defined as those with a line BETOS code (BETOS_CD) where the first digit ='M' (but is not M1A or M1B — which are categorized as physician office care in this file — reference PHYS_MDCR_PMT). The total Primary Payer Payments are calculated as the sum of the LINE_BENE_PRMRY_PYR_PD_AMT.

SHORT NAME: —

LONG NAME: EM_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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ENRL_SRC

LABEL: Enrollment Source

DESCRIPTION: This variable indicates the source of enrollment data.

SHORT NAME: ENRL_SRC

LONG NAME: ENRL_SRC

TYPE: CHAR

LENGTH: 3

SOURCE: CCW

VALUES: EDB = Enrollment Database
CME = Common Medicare Environment

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

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

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HH_MDCR_PMT

LABEL: Home Health Medicare Payments

DESCRIPTION: This variable is the total Medicare payments in the home health (HH) setting for a given year. The total Medicare payments for HH are calculated as the sum of CLM_PMT_AMT for all HH claims where the CLM_PMT_AMT >= 0.

SHORT NAME: —

LONG NAME: HH_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: 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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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HH_PRMRY_PMT

LABEL: Home Health Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for Home Health (HH) visits by a primary payer other than Medicare. It is the sum of all the primary payer amounts (NCH_PRMRY_PYR_CLM_PD_AMT from each claim) in the HH setting for the year.

SHORT NAME: —

LONG NAME: HH_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: This variable was new in 2010; it will always be null/missing in earlier files.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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HH_VISITS

LABEL: Home Health Visits

DESCRIPTION: This variable is the count of home health (HH) visits for the year. The CCW variable CLM_HHA_TOT_VISIT_CNT is used to obtain this variable.

SHORT NAME: —

LONG NAME: HH_VISITS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: The CLM_THRU_DT for the claim must have been in the year of the data file.

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HOP_BENE_PMT

LABEL: Hospital Outpatient Beneficiary Payments

DESCRIPTION: This variable is the sum of Medicare coinsurance and deductible payments in the hospital outpatient (HOP) setting for a given year. The total beneficiary payment is calculated as the sum of the beneficiary deductible amount and coinsurance amount (variables called REV_CNTR_CASH_DDCTBLE_AMT and REV_CNTR_COINSRNC_WGE_ADJSTD_C) for all HOP claims where the CLM_PMT_AMT >= 0.

SHORT NAME: —

LONG NAME: HOP_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: Costs that beneficiaries are liable for are described in detail on the Medicare.gov website. There is a CMS publication called "Your Medicare Benefits", which explains the deductibles and coinsurance amounts.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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HOP_ER_VISITS

LABEL: Hospital Outpatient Emergency Room Visits

DESCRIPTION: This variable is the count of unique emergency department revenue center dates (as a proxy for an ED visit) in the hospital outpatient data file for the year. Revenue center codes indicating Emergency Room use were (0450, 0451, 0452, 0456, or 0459).

SHORT NAME: —

LONG NAME: HOP_ER_VISITS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: Additional ED revenue centers are found in the inpatient data files — if the ED visit resulted in an IP admission at the same facility.

There are two variables that contain counts of ER visits in different settings: this variable and the Inpatient ER (IP_ER_VISITS).

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HOP_MDCR_PMT

LABEL: Hospital Outpatient Medicare Payments

DESCRIPTION: This variable is the total Medicare payments in the hospital outpatient (HOP) setting for a given year. The total Medicare payments for HOP are calculated as the sum of CLM_PMT_AMT for all HOP claims where the CLM_PMT_AMT >= 0.

SHORT NAME: —

LONG NAME: HOP_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: 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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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HOP_PRMRY_PMT

LABEL: Hospital Outpatient Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for hospital outpatient (HOP) visits by a primary payer other than Medicare. It is the sum of all the primary payer amounts (NCH_PRMRY_PYR_CLM_PD_AMT from each claim) in the HOP setting for the year.

SHORT NAME: —

LONG NAME: HOP_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: This variable was new in 2010; it will always be null/missing in earlier files.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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HOP_VISITS

LABEL: Hospital Outpatient Visits

DESCRIPTION: This variable is the count of unique revenue center dates (as a proxy for visits) in the hospital outpatient (HOP) setting for the year.

SHORT NAME: —

LONG NAME: HOP_VISITS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: The CLM_THRU_DT must have been in the year of the data file.

ER visits in the HOP setting are counted in this variable (also reference HOP_ER_VISITS).

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HOS_COV_DAYS

LABEL: Hospice Medicare Covered Days

DESCRIPTION: This variable is the count of Medicare covered days in the hospice setting for a given year. This variable equals the sum of the CLM_UTLZTN_DAY_CNT variables on the source claims.

SHORT NAME: —

LONG NAME: HOS_COV_DAYS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: We consider fully covered days, days where the beneficiary was liable for coinsurance, and lifetime reserve days to all be Medicare-covered days. Non-covered days, leave of absence days, and the day of discharge or death are not included.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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HOS_MDCR_PMT

LABEL: Hospice Medicare Payments

DESCRIPTION: This variable is the total Medicare payments in the hospice (HOS) setting for the year. The total Medicare payments for hospice are calculated as the sum of the CLM_PMT_AMT for all hospice claims where the CLM_PMT_AMT >= 0.

SHORT NAME: —

LONG NAME: HOS_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: 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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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HOS_PRMRY_PMT

LABEL: Hospice Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for Hospice stays by a primary payer other than Medicare. It is the sum of all the primary payer amounts (NCH_PRMRY_PYR_CLM_PD_AMT from each claim) in the hospice setting for the year.

SHORT NAME: —

LONG NAME: HOS_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: This variable was new in 2010; it will always be null/missing in earlier files.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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HOS_STAYS

LABEL: Hospice Stays

DESCRIPTION: This variable is the count of stays (unique admissions, which may span more than one facility) in the hospice setting for a given year. A hospice stay is defined as a set of one or more consecutive hospice claims where the beneficiary is only discharged on the most recent claim in the set.

SHORT NAME: —

LONG NAME: HOS_STAYS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: The CLM_THRU_DT must have been in the year of the data file. Stays that cross-over into another calendar year would only appear in the year when the stay ended (e.g., a stay that began in 2017 but ended in 2018 would only be counted as a stay in the 2018 file).

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IMG_BENE_PMT

LABEL: Imaging Beneficiary Payments

DESCRIPTION: This variable is the sum of coinsurance and deductible payments for imaging services (IMG) for a given year. The total beneficiary payments are calculated as the sum of LINE_COINSRNC_AMT + LINE_BENE_PTB_DDCTBL_AMT for the relevant lines.

Claims for imaging procedures are a subset of the claims, and a subset of procedures in the Part B Carrier and DME data files. These imaging claims are defined as those with a line BETOS code (BETOS_CD) where the first digit = I (except for 'I1E', or 'I1F' — which are considered Part B drugs).

SHORT NAME: —

LONG NAME: IMG_BENE_PMT

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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IMG_EVENTS

LABEL: Imaging Events

DESCRIPTION: This variable is the count of events for imaging services (IMG) for a given year. An event is defined as each line item that contains the relevant service. Claims for imaging procedures are a subset of the claims, and a subset of procedures in the Part B Carrier and DME data files.

These imaging claims are defined as those with a line BETOS code (BETOS_CD) where the first digit =I (except for 'I1E', or 'I1F' — which are considered Part B drugs).

SHORT NAME: —

LONG NAME: IMG_EVENTS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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IMG_MDCR_PMT

LABEL: Imaging Medicare Payments

DESCRIPTION: This variable is the total Medicare payments for imaging services (IMG) for a given year. Claims for imaging procedures are a subset of the claims, and a subset of procedures in the Part B Carrier and DME data files.

These imaging claims are defined as those with a line BETOS code (BETOS_CD) where the first digit = 'I' (except for 'I1E' or 'I1F' — which are considered Part B drugs).

The total Medicare payments are calculated as the sum of LINE_NCH_PMT_AMT where the LINE_PRCSG_IND_CD was 'A', 'R', or 'S' — for all relevant lines.

SHORT NAME: —

LONG NAME: IMG_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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IMG_PRMRY_PMT

LABEL: Imaging Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for imaging services (IMG) by a primary payer other than Medicare for a given year. This variable is the total Medicare payments for imaging services (IMG) for a given year. Claims for imaging procedures are a subset of the claims, and a subset of procedures in the Part B Carrier and DME data files.

These imaging claims are defined as those with a line BETOS code (BETOS_CD) where the first digit =I (except for 'I1E', or 'I1F' — which are considered Part B drugs). The total Primary Payer Payments are calculated as the sum of the LINE_BENE_PRMRY_PYR_PD_AMT.

SHORT NAME: —

LONG NAME: IMG_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: —

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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IP_ER_VISITS

LABEL: Inpatient Emergency Room Visits

DESCRIPTION: This variable is the count of emergency department (ED) claims in the inpatient setting for the year. The revenue center codes indicating Emergency Room use were (0450, 0451, 0452, 0456, 0459).

SHORT NAME: —

LONG NAME: IP_ER_VISITS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: Additional ED revenue centers are found in the Hospital Outpatient data files — if the ED visit did not result in an inpatient admission at the same facility. Reference the variable HOP_ER_VISITS within the MBSF-CU file.

There are two variables that contain counts of ER visits in different settings: this variable and the Hospital Outpatient ER (HOP_ER_VISITS).

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OIP_BENE_PMT

LABEL: Other Inpatient Hospital Beneficiary Payments

DESCRIPTION: This variable is the sum of Medicare coinsurance and deductible payments in the non-acute inpatient hospital setting for the year. The total "other" inpatient (OIP) beneficiary payments are calculated as the sum of NCH_BENE_IP_DDCTBL_AMT and NCH_BENE_PTA_COINSRNC_LBLTY_AM for all relevant claims where the CLM_PMT_AMT >= 0.

These OIP claims are a subset of the claims in the IP data file consisting of data from IP settings such as long-term care hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, and other types of IP facilities such as children's hospitals or cancer centers.

SHORT NAME: —

LONG NAME: OIP_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are two cost/use categories from the IP data files: Acute and the OIP.

Costs that beneficiaries are liable for are described in detail on the Medicare.gov website. There is a CMS publication called "Your Medicare Benefits", which explains the deductibles and coinsurance amounts.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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OIP_COV_DAYS

LABEL: Other Inpatient Hospital Covered Days

DESCRIPTION: This variable is the count of covered days in the non-acute inpatient hospital setting for the year. This variable equals the sum of the CLM_UTLZTN_DAY_CNT variables on the source claims.

These "other" inpatient (OIP) claims are a subset of the claims in the IP data file consisting of data from IP settings such as long-term care hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, and other types of IP facilities such as children's hospitals or cancer centers.

SHORT NAME: —

LONG NAME: OIP_COV_DAYS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: We consider fully covered days, days where the beneficiary was liable for coinsurance, and lifetime reserve days to all be Medicare-covered days. Non-covered days, leave of absence days, and the day of discharge or death are not included. The algorithm for OIP_COV_DAYS includes only claims that ended during the calendar year (using the CLM_THRU_DT) where the payment amount was >= $0.

There are two cost/use categories from the IP data files: Acute and the OIP.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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OIP_MDCR_PMT

LABEL: Other Inpatient Hospital Medicare Payments

DESCRIPTION: This variable is the sum of the Medicare claim payment amounts (CLM_PMT_AMT from each claim) in the other inpatient (OIP) settings for a given year. To obtain the total OIP Medicare payments, take this variable and add in the annual per diem payment amount (OIP_MDCR_PMT + OIP_PERDIEM_AMT).

These OIP claims are a subset of the claims in the IP data file consisting of data from IP settings such as long-term care hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, and other types of IP facilities such as children's hospitals or cancer centers.

SHORT NAME: —

LONG NAME: OIP_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are two cost/use categories from the IP data files: Acute and the OIP.

OIP_PERDIEM_PMT must be added to this field to obtain the total Medicare payments. The annual per diem variable was new in 2010; it will always be null/missing in earlier files.

Costs that beneficiaries are liable for are described in detail on the Medicare.gov website. There is a CMS publication called "Your Medicare Benefits", which explains the deductibles and coinsurance amounts.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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OIP_PERDIEM_PMT

LABEL: Other Inpatient Hospital Pass-thru Per Diem Payments

DESCRIPTION: This variable is the sum of all the pass through per diem payment amounts (CLM_PASS_THRU_PER_DIEM_AMT from each claim) in the other inpatient (OIP) setting for the year. Medicare payments are designed to include certain "pass-through" expenses such as capital-related costs, direct medical education costs, kidney acquisition costs for hospitals that are renal transplant centers, and bad debts. This variable is the sum of all the daily payments for pass-through expenses. It is not included in the Medicare Payment amount (OIP_MDCR_PMT). To determine the total Medicare payments for other (non-acute) hospitalizations for the beneficiary, this field must be added to the total Medicare payment amount for other hospitalizations.

These “other” inpatient (OIP) claims are a subset of the claims in the IP data file consisting of data from IP settings such as long-term care hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, and other types of IP facilities such as children’s hospitals or cancer centers.

SHORT NAME: —

LONG NAME: OIP_PERDIEM_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: This variable was new in 2010; it will always be null/missing in earlier files. OIP_MDCR_PMT must be added to this field to obtain the total Medicare payments.

There are two cost/use categories from the IP data files: Acute and the OIP.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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OIP_PRMRY_PMT

LABEL: Other Inpatient Hospital Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for other (non-acute) inpatient stays by a primary payer other than Medicare. It is the sum of all the primary payer amounts

(NCH_PRMRY_PYR_CLM_PD_AMT from each claim) in the other inpatient hospital settings for the year.

These "other" inpatient (OIP) claims are a subset of the claims in the IP data file consisting of data from IP settings such as long-term care hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, and other types of IP facilities such as children's hospitals or cancer centers.

SHORT NAME: —

LONG NAME: OIP_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: This variable was new in 2010; it will always be null/missing in earlier files.

There are two cost/use categories from the IP data files: Acute and the OIP.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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OIP_STAYS

LABEL: Other Inpatient Stays

DESCRIPTION: This variable is the count of hospital stays (unique admissions, which may span more than one facility) in the non-acute inpatient setting for a given year. A non-acute inpatient stay is defined as a set of one or more consecutive non-acute inpatient claims where the beneficiary is only discharged on the most recent claim in the set. The CLM_THRU_DT for the first claim associated with the stay must have been in the year of the data file. Stays that cross-over into another calendar year would only appear in the year when the stay ended (e.g., a stay that began in 2018 but ended in 2019 would only be counted as a stay in the 2019 file).

These "other" inpatient (OIP) claims are a subset of the claims in the IP data file consisting of data from IP settings such as long-term care hospitals, inpatient psychiatric facilities, inpatient rehabilitation facilities, and other types of IP facilities such as children's hospitals or cancer centers.

SHORT NAME: —

LONG NAME: OIP_STAYS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: There are two cost/use categories from the IP data files: Acute and the OIP.

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OPROC_BENE_PMT

LABEL: Other Procedures Beneficiary Payments

DESCRIPTION: This variable is the sum of coinsurance and deductible payments for services considered Part B other procedures (i.e., not anesthesia or dialysis) for a given year. The total Beneficiary payments are calculated as the sum of LINE_COINSRNC_AMT + LINE_BENE_PTB_DDCTBL_AMT for the relevant lines.

Claims for other procedures are a subset of the claims in the Part B Carrier data file. These other procedure claims are defined as those with a line BETOS code (BETOS_CD) where the first two digits are ('P1', 'P2', 'P3', 'P4', 'P5', 'P6', 'P7', or 'P8').

SHORT NAME: —

LONG NAME: OPROC_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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OPROC_EVENTS

LABEL: Other Procedures Events

DESCRIPTION: This variable is the count of events for Part B other procedures for a given year. An event is defined as each line item that contains the relevant service. Claims for other procedures are a subset of the claims in the Part B Carrier data file.

These other procedure claims are defined as those with a line BETOS code (BETOS_CD) where the first two digits are ('P1', 'P2', 'P3', 'P4', 'P5', 'P6', 'P7', or 'P8').

SHORT NAME: —

LONG NAME: OPROC_EVENTS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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OPROC_MDCR_PMT

LABEL: Other Procedures Medicare Payments

DESCRIPTION: This variable is the total Medicare payments for services considered Part B other procedures (i.e., not anesthesia or dialysis) for a given year. Claims for other procedures are a subset of the claims, and a subset of procedures in the Part B Carrier data file.

These other procedure claims are defined as those with a line BETOS code (BETOS_CD) where the first two digits are 'P1', 'P2', 'P3', 'P4', 'P5', 'P6', 'P7', or 'P8'.

The total Medicare payments are calculated as the sum of LINE_NCH_PMT_AMT where the LINE_PRCSG_IND_CD was 'A', 'R', or 'S' — for all relevant lines.

SHORT NAME: —

LONG NAME: OPROC_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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OPROC_PRMRY_PMT

LABEL: Other Procedures Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for services considered Part B other procedures (i.e., not anesthesia or dialysis) by a primary payer other than Medicare for a given year. Claims for other procedures are a subset of the claims, and a subset of procedures in the Part B Carrier data file.

These other procedure claims are defined as those with a line BETOS code (BETOS_CD) where the first two digits are 'P1', 'P2', 'P3', 'P4', 'P5', 'P6', 'P7', or 'P8'. The total Primary Payer Payments are calculated as the sum of the LINE_BENE_PRMRY_PYR_PD_AMT.

SHORT NAME: —

LONG NAME: OPROC_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: —

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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OTHC_BENE_PMT

LABEL: Other Part B Carrier Beneficiary Payments

DESCRIPTION: This variable is the sum of coinsurance and deductible payments from Part B Carrier and DME claims which appear in settings other than the 10 specific categories which are part of this file for a given year.

The total Beneficiary payments are calculated as the sum of LINE_COINSRNC_AMT + LINE_BENE_PTB_DDCTBL_AMT for the relevant lines.

Claims for other carrier/DME claims are a subset of the claims in the Part B Carrier and DME data files. Types of services which may have been summarized in this other carrier category (OTHC) include ambulance, chiropractor, chemotherapy, vision, hearing, and speech services, etc.

SHORT NAME: —

LONG NAME: OTHC_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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OTHC_EVENTS

LABEL: Other Part B Carrier Events

DESCRIPTION: This variable is the count of events in the Part B other setting for a given year, which includes Part B Carrier and DME claims which appear in settings other than the 10 specific categories which are part of this file for a given year. Claims for other carrier/DME claims are a subset of the claims in the Part B Carrier and DME data files.

Types of services which may have been summarized in this other carrier category (OTHC) include ambulance, chiropractor, chemotherapy, vision, hearing, and speech services, etc.

An event is defined as each line item that contains the relevant service.

SHORT NAME: —

LONG NAME: OTHC_EVENTS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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OTHC_MDCR_PMT

LABEL: Other Part B Carrier Medicare Payments

DESCRIPTION: This variable is the total Medicare payments from Part B Carrier and DME claims which appear in settings other than the 10 specific categories which are part of this file for a given year. Claims for other carrier/DME claims are a subset of the claims in the Part B Carrier and DME data files. Types of services which may have been summarized in this other carrier category (OTHC) include ambulance, chiropractor, chemotherapy, vision, hearing, and speech services, etc.

The total Medicare payments are calculated as the sum of LINE_NCH_PMT_AMT where the LINE_PRCSG_IND_CD was 'A', 'R', or 'S' — for all relevant lines.

SHORT NAME: —

LONG NAME: OTHC_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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OTHC_PRMRY_PMT

LABEL: Other Part B Carrier Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for Part B Carrier and DME claims which appear in settings other than the 10 specific categories which are part of this file by a primary payer other than Medicare for a given year. Claims for other carrier/DME claims are a subset of the claims in the Part B Carrier and DME data files. Types of services which may have been summarized in this other carrier category (OTHC) include ambulance, chiropractor, chemotherapy, vision, hearing, and speech services, etc.

The total Primary Payer Payments are calculated as the sum of the LINE_BENE_PRMRY_PYR_PD_AMT.

SHORT NAME: —

LONG NAME: OTHC_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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PHYS_BENE_PMT

LABEL: Part B Physician Beneficiary Payments

DESCRIPTION: This variable is the sum of coinsurance and deductible payments for the Part B physician office services (PHYS) for a given year. The total Beneficiary payments are calculated as the sum of LINE_COINSRNC_AMT + LINE_BENE_PTB_DDCTBL_AMT for the relevant lines.

Physician office claims are a subset of the claims in the Part B Carrier and DME data files, and a subset of physician evaluation and management (E/M) claims (**NOTE:** E/M are tabulated separately in this data file). The PHYS claims are defined as those with a line BETOS code (BETOS_CD) where the first three digits = 'M1A' or 'M1B' (the remainder of physician services which occur in different settings appear in EM_MDCR_PMT).

SHORT NAME: —

LONG NAME: PHYS_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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PHYS_EVENTS

LABEL: Part B Physician Events

DESCRIPTION: This variable is the count of events in the Part B physician office services (PHYS) for a given year. An event is defined as each line item that contains the relevant service.

Physician office claims are a subset of the claims in the Part B Carrier and DME data files, and a subset of physician evaluation and management (E/M) claims (**NOTE:** E/M are tabulated separately in this data file). The PHYS claims are defined as those with a line BETOS code (BETOS_CD) where the first three digits = 'M1A' or 'M1B' (the remainder of physician services which occur in different settings appear in EM_MDCR_PMT).

SHORT NAME: —

LONG NAME: PHYS_EVENTS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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PHYS_MDCR_PMT

LABEL: Part B Physician Medicare Payments

DESCRIPTION: This variable is the total Medicare payments for the Part B physician office services (PHYS) for a given year. Physician office claims are a subset of the claims in the Part B Carrier and DME data files, and a subset of physician evaluation and management (E/M) claims (**NOTE:** E/M are tabulated separately in this data file).

The physician claims are defined as those with a line BETOS code (BETOS_CD) where the first 3 digits = 'M1A' or 'M1B' (**NOTE:** all other BETOS_CD that begin with 'M' are categorized as other E/M services in this file — reference EM_MDCR_PMT). The total Medicare payments are calculated as the sum of LINE_NCH_PMT_AMT where the LINE_PRCSG_IND_CD was 'A', 'R', or 'S' — for all relevant lines.

SHORT NAME: —

LONG NAME: PHYS_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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PHYS_PRMRY_PMT

LABEL: Part B Physician Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for Part B physician office services (PHYS) by a primary payer other than Medicare for a given year. Physician office claims are a subset of the claims in the Part B Carrier and DME data files, and a subset of physician evaluation and management (E/M) claims (**NOTE:** E/M are tabulated separately in this data file).

The PHYS claims are defined as those with a line BETOS code (BETOS_CD) where the first three digits = 'M1A' or 'M1B' (the remainder of physician services which occur in different settings appear in EM_MDCR_PMT). The total Primary Payer Payments are calculated as the sum of the LINE_BENE_PRMRY_PYR_PD_AMT.

SHORT NAME: —

LONG NAME: PHYS_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: —

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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PTB_DRUG_BENE_PMT

LABEL: Part B Drug Beneficiary Payments

DESCRIPTION: This variable is the sum of coinsurance and deductible payments for Part B drugs for a given year. The total Beneficiary payments are calculated as the sum of LINE_COINSRNC_AMT + LINE_BENE_PTB_DDCTBL_AMT for the relevant lines.

Part B drug claims are a subset of the claims in the Part B Carrier and DME data files. The Part B drug claims are identified by BETOS codes (CCW variable BETOS_CD with values of 'D1G', 'O1D', 'O1E', 'O1G', 'I1E', or 'I1F').

SHORT NAME: —

LONG NAME: PTB_DRUG_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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PTB_DRUG_EVENTS

LABEL: Part B Drug Events

DESCRIPTION: This variable is the count of events in the Part B drug setting for a given year. An event is defined as each line item that contains the relevant service.

Part B drug claims are a subset of the claims in the Part B Carrier and DME data files. The Part B drug claims are identified by BETOS codes (CCW variable BETOS_CD with values of 'D1G', 'O1D', 'O1E', 'O1G', 'I1E', or 'I1F').

SHORT NAME: —

LONG NAME: PTB_DRUG_EVENTS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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PTB_DRUG_MDCR_PMT

LABEL: Part B Drug Medicare Payments

DESCRIPTION: This variable is the total Medicare payments for Part B drugs for a given year. Part B drug claims are a subset of the claims in the Part B Carrier and DME data files.

The Part B drug claims are identified by BETOS codes (CCW variable BETOS_CD with values of 'D1G', 'O1D', 'O1E', 'O1G', 'I1E', or 'I1F'). Total Part B drug payments are calculated as sum of LINE_NCH_PMT_AMT where the LINE_PRCSG_IND_CD was 'A', 'R', or 'S'.

SHORT NAME: —

LONG NAME: PTB_DRUG_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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PTB_DRUG_PRMRY_PMT

LABEL: Part B Drug Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for Part B drugs by a primary payer other than Medicare for a given year. Part B drug claims are a subset of the claims in the Part B Carrier and DME data files.

The Part B drug claims are identified by BETOS codes (CCW variable BETOS_CD with values of 'D1G', 'O1D', 'O1E', 'O1G', 'I1E', or 'I1F'). Total Part B drug payments from a Primary Payer are calculated as the sum of the LINE_BENE_PRMRY_PYR_PD_AMT.

SHORT NAME: —

LONG NAME: PTB_DRUG_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: —

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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PTD_BENE_PMT

LABEL: Part D Beneficiary Payments

DESCRIPTION: This variable is the dollar amount that the beneficiary paid for all PDEs for a given year, without being reimbursed by a third party. The amount includes all copayments, coinsurance, deductible, or other patient payment amounts, and comes directly from the source Prescription Drug Events (PDEs).

The total beneficiary payments are calculated as the sum of three CCW variables: patient pay amount (PTNT_PAY_AMT), other troop amount (OTHER_TROOP_AMT), and patient liability reduction due to other payer amount (PLRO_AMT) for Part D drugs for the relevant PDEs.

SHORT NAME: —

LONG NAME: PTD_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: This amount contributes to a beneficiary's true out-of-pocket (TrOOP) costs, but only if it is for a Part D-covered drug (i.e., spending on non-covered drugs does not count toward the TrOOP amount).

NOTE: Another PDE variable called the low-income cost sharing (LIS) amount (variable name LICS_AMT), indicates the amount paid by Part D low-income subsidy for the PDE. Although this is sometimes considered a beneficiary payment (since it is made on behalf of a beneficiary), we have included the LIS payments in the Part D Medicare Payment amount (reference variable called PTD_MDCR_PMT).

The value will be null if the beneficiary was not enrolled in Part D or did not use any Part D drugs during the year.

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PTD_EVENTS

LABEL: Part D Event Count

DESCRIPTION: This variable is the count of events for Part D drugs for a given year (i.e., a unique count of the PDE_IDs). An event is a dispensed (filled) drug prescription that appears in the Prescription Drug Event (PDE) file.

SHORT NAME: —

LONG NAME: PTD_EVENTS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXXX

COMMENT: The value will be null if the beneficiary was not enrolled in Part D or did not use any Part D drugs during the year.

PDEs consist of highly variable days' supply of the medication. We also create a derived variable that counts a standard 30-day supply of a filled Part D prescription (reference PTD_FILL_CNT).

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PTD_FILL_CNT

LABEL: Part D Standardized Fill Count

DESCRIPTION: Part D prescribing events (PDE) consist of highly variable days' supply of the medication. This derived variable creates a standard 30 days' supply of a filled Part D prescription and counts this as a "fill". The Part D fill count does not indicate the number of different drugs the person is using, only the total months covered by a medication (e.g., if a patient is receiving a full year supply of a medication, whether this occurs in one transaction or 12 monthly transactions, the fill count = 12; if the patient is taking three such medications, the fill count = 36).

SHORT NAME: —

LONG NAME: PTD_FILL_CNT

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXXX

COMMENT: The value will be null if the beneficiary was not enrolled in Part D or did not use any Part D drugs during the year.

We also calculate the actual number of prescription drug fill events for Part D drugs for a given year (i.e., a unique count of the PDE_IDs); reference variable PTD_EVENTS.

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PTD_MDCR_PMT

LABEL: Part D Medicare Payments

DESCRIPTION: This variable is the dollar amount that the Part D plan covered for all covered drugs for a given year. The variable is calculated as the sum of the plan payments for covered PDEs (CVRD_D_PLAN_PD_AMT) and the low-income cost sharing subsidy amount (LICS_AMT) during the year.

SHORT NAME: —

LONG NAME: PTD_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: This variable does not include all costs to Medicare for the Part D benefit; it does not include non-covered drugs (PDE variable called NCVRD_PLAN_PD_AMT) also does not consider include any applicable rebate amounts or other discounts).

Plans may choose to provide enhanced benefits that pay for some non-covered drugs.

The value will be null if the beneficiary was not enrolled in Part D or did not use any Part D drugs during the year.

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PTD_TOTAL_RX_CST

LABEL: Part D Total Prescription Costs

DESCRIPTION: This variable is the gross drug cost (TOT_RX_CST_AMT) of all Part D drugs for a given year. This value includes the ingredient cost, dispensing fee, sales tax (if applicable), and vaccine administration fee (if any, 2010+ only).

SHORT NAME: —

LONG NAME: PTD_TOTAL_RX_CST

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: This is the price paid for the drug at the point of sale (i.e., the pharmacy counter), and it does not include any rebates or discounts that the drug manufacturer provides directly to the Part D plan sponsor.

The value will be null if the beneficiary was not enrolled in Part D or did not use any Part D drugs during the year.

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READMISSIONS

LABEL: Acute Inpatient Hospital Readmissions

DESCRIPTION: This variable is the count of hospital readmissions in the acute inpatient setting for a given year.

The CLM_THRU_DT for the original admission must have been in the year of the data file, however it was permissible for the readmission claim to have occurred in January of the following year. A beneficiary is considered to be readmitted when they have an acute inpatient stay with a discharge status that is not expired (DSCHRG_STUS=20) or left against medical advice (DSCHRG_STUS not equal to 07) within 30 days of a previous acute inpatient stay with a discharge status that is also not expired or left against medical advice.

SHORT NAME: —

LONG NAME: READMISSIONS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: —

COMMENT: All hospital stays during the year, including readmissions, are counted in the ACUTE_STAYS variable.

Similarly, all acute hospital inpatient payments including payments for readmissions are included in the ACUTE_* payment variables.

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SNF_BENE_PMT

LABEL: Skilled Nursing Facility Beneficiary Payments

DESCRIPTION: This variable is the sum of Medicare coinsurance and deductible payments in the skilled nursing facility (SNF) setting for the year. The total beneficiary payment is calculated as the sum of the beneficiary deductible amount and coinsurance amount (variables called NCH_BENE_IP_DDCTBL_AMT and NCH_BENE_PTA_COINSRNC_LBLTY_AM) for all SNF claims where the CLM_PMT_AMT >= 0.

SHORT NAME: —

LONG NAME: SNF_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: Costs that beneficiaries are liable for are described in detail on the Medicare.gov website. There is a CMS publication called "Your Medicare Benefits", which explains the deductibles and coinsurance amounts.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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SNF_COV_DAYS

LABEL: Skilled Nursing Facility Medicare Covered Days

DESCRIPTION: This variable is the count of Medicare covered days in the skilled nursing facility (SNF) setting for the year. This variable equals the sum of the CLM_UTLZTN_DAY_CNT variables on the source claims.

SHORT NAME: —

LONG NAME: SNF_COV_DAYS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: We consider fully covered days, days where the beneficiary was liable for coinsurance, and lifetime reserve days to all be Medicare-covered days. Non-covered days, leave of absence days, and the day of discharge or death are not included.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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SNF_MDCR_PMT

LABEL: Skilled Nursing Facility Medicare Payments

DESCRIPTION: This variable is the total Medicare payments in the skilled nursing facility (SNF) setting for the year.

The total Medicare payments for SNF are calculated as the sum of the CLM_PMT_AMT for all SNF claims where the CLM_PMT_AMT >= 0.

SHORT NAME: —

LONG NAME: SNF_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: 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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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SNF_PRMRY_PMT

LABEL: Skilled Nursing Facility Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for skilled nursing facility setting (SNF) stays by a primary payer other than Medicare. It is the sum of all the primary payer amounts (NCH_PRMRY_PYR_CLM_PD_AMT from each claim) in the SNF setting for the year.

SHORT NAME: —

LONG NAME: SNF_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: This variable was new in 2010; it will always be null/missing in earlier files.

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 the list of MLN publications at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html).

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SNF_STAYS

LABEL: Skilled Nursing Facility Stays

DESCRIPTION: This variable is the count of skilled nursing facility setting (SNF) stays (unique admissions, which may span more than one facility) for a given year. A SNF stay is defined as a set of one or more consecutive SNF claims where the beneficiary is only discharged on the most recent claim in the set.

SHORT NAME: —

LONG NAME: SNF_STAYS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: The CLM_THRU_DT for the last claim associated with the stay must have been in the year of the data file. Stays that cross-over into another calendar year would only appear in the year when the stay ended (e.g., a stay that began in 2017 but ended in 2018 would only be counted as a stay in the 2018 file).

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TEST_BENE_PMT

LABEL: Tests Beneficiary Payments

DESCRIPTION: This variable is the sum of coinsurance and deductible payments for Part B tests for a given year. The total Beneficiary payments are calculated as the sum of LINE_COINSRNC_AMT + LINE_BENE_PTB_DDCTBL_AMT for the relevant lines.

Claims for tests are a subset of the claims in the Part B Carrier data file. These claims are defined as those with a line BETOS code (BETOS_CD) where the first digit = T.

SHORT NAME: —

LONG NAME: TEST_BENE_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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TEST_EVENTS

LABEL: Tests Events

DESCRIPTION: This variable is the count of events in for Part B tests for a given year. An event is defined as each line item that contains the relevant service. Claims for tests are a subset of the claims in the Part B Carrier data file.

These claims are defined as those with a line BETOS code (BETOS_CD) where the first digit = T.

SHORT NAME: —

LONG NAME: TEST_EVENTS

TYPE: NUM

LENGTH: 6

SOURCE: CCW (derived)

VALUES: Null/missing or 1–XXX

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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TEST_MDCR_PMT

LABEL: Tests Medicare Payments

DESCRIPTION: This variable is the total Medicare payments for Part B tests for a given year. Claims for tests are a subset of the claims in the Part B Carrier data file.

These claims are defined as those with a line BETOS code (BETOS_CD) where the first digit = 'T'. The total Medicare payments are calculated as the sum of LINE_NCH_PMT_AMT where the LINE_PRCSG_IND_CD was 'A', 'R', or 'S' — for all relevant lines.

SHORT NAME: —

LONG NAME: TEST_MDCR_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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TEST_PRMRY_PMT

LABEL: Tests Primary Payer Amount

DESCRIPTION: This variable indicates the total amount paid for Part B tests by a primary payer other than Medicare for a given year. Claims for tests are a subset of the claims in the Part B Carrier data file.

These claims are defined as those with a line BETOS code (BETOS_CD) where the first digit = T. The total Primary Payer Payments are calculated as the sum of the LINE_BENE_PRMRY_PYR_PD_AMT.

SHORT NAME: —

LONG NAME: TEST_PRMRY_PMT

TYPE: NUM

LENGTH: 12

SOURCE: CCW (derived)

VALUES: —

COMMENT: There are 11 cost/use categories from the Carrier Part B and durable medical equipment (DME) data files — ambulatory surgery center (ASC), anesthesia, Part B drug, physician, evaluation and management (E/M), dialysis, imaging, tests, other procedures, DME and other carrier claims.

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