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Medicare Beneficiary Summary File (MBSF) Base with Medicare Part A, B, C, and D, Version 2 Codebook

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Revision Log

Date	Changed by	Revisions	Version
February 2025	B. Bragg K. Schneider	Created initial codebook	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, C, and D, Version 2 research files. The guide includes 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 notes discussing the variable construction and use

The CCW team has 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 takes users 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 takes analysts 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.

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.

LONG NAME: AGE_AT_END_REF_YR

TYPE: NUM

LENGTH: 3

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

VALUES: X–XXX

COMMENT: CCW calculates this variable, and sets the maximum value to 115 (years).

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BENE_BIRTH_DT

LABEL: Beneficiary Date of Birth

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

LONG NAME: BENE_BIRTH_DT

TYPE: DATE

LENGTH: 8

SOURCE: CMS Common Medicare Environment (CME)

VALUES: MM/DD/YYYY

COMMENT: —

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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.

LONG NAME: BENE_DEATH_DT

TYPE: DATE

LENGTH: 8

SOURCE: CMS Common Medicare Environment (CME)

VALUES: —

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

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BENE_ENROLLMT_REF_YR

LABEL: Reference Year

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

LONG NAME: BENE_ENROLLMT_REF_YR

TYPE: NUM

LENGTH: 4

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 1999–current data year

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

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BENE_HI_CVRAGE_TOT_MONS

LABEL: Part A Months Count

DESCRIPTION: Months of Part A coverage.

LONG NAME: BENE_HI_CVRAGE_TOT_MONS

TYPE: NUM

LENGTH: 3

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

VALUES: 0–12

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

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

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BENE_HMO_CVRAGE_TOT_MONS

LABEL: HMO Coverage Count

DESCRIPTION: Months of Medicare Advantage (HMO) coverage.

LONG NAME: BENE_HMO_CVRAGE_TOT_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0–12

COMMENT: This variable counts the number of months during the year that the beneficiary received their Part A and Part B benefits through a managed care plan (i.e., a Medicare Advantage [MA] plan) instead of the traditional fee-for-service (FFS) program. Any month where the HMO indicator variable (HMO_IND_XX) is anything other than a 0 (not a member of an HMO) or a 4 (FFS participant in a case or disease management demonstration project) is counted as a MA month.

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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, T-MSIS claims, and MDS assessment data).

This number does not change during a beneficiary's lifetime, and CCW uses each number only once.

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

LONG NAME: BENE_ID

TYPE: CHAR

LENGTH: 15

SOURCE: CCW

VALUES: —

COMMENT: —

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BENE_PTA_TRMNTN_CD

LABEL: Part A Termination Code

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

LONG NAME: BENE_PTA_TRMNTN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

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

COMMENT: —

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BENE_PTB_TRMNTN_CD

LABEL: Part B Termination Code

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

LONG NAME: BENE_PTB_TRMNTN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

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

COMMENT: —

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BENE_RACE_CD

LABEL: Beneficiary Race Code

DESCRIPTION: The race of the beneficiary.

LONG NAME: BENE_RACE_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

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

COMMENT: —

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BENE_SMI_CVRAGE_TOT_MONS

LABEL: Part B Months Count

DESCRIPTION: Months of Part B coverage.

LONG NAME: BENE_SMI_CVRAGE_TOT_MONS

TYPE: NUM

LENGTH: 3

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

VALUES: 0–12

COMMENT: This variable is the number of months during the year that the beneficiary had Medicare Part B coverage. (This is sometimes referred to as supplemental medical insurance coverage — or SMI coverage.) CCW derives this variable by counting the number of months where the beneficiary had Part B coverage (i.e., the MDCR_ENTLMT_BUYIN_IND_XX variable equaled 2, B, 3, or C).

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BENE_STATE_BUYIN_TOT_MONS

LABEL: State Buy-In Coverage Count

DESCRIPTION: Months of state buy-in.

LONG NAME: BENE_STATE_BUYIN_TOT_MONS

TYPE: NUM

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0–12

COMMENT: This variable counts the total number of months during the year when the beneficiary premium was paid by the state. State Medicaid programs can pay Medicare premiums for certain dual eligibles (i.e., for beneficiaries also enrolled in a state Medicaid program); this action is called “buying in” and so this variable is the “buy-in code.” Any month where the MDCR_ENTLMT_BUYIN_IND_XX variable was: A (Part A state buy-in), B (Part B state buy-in), or C (Part A and Part B state buy-in) is counted.

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COUNTY_CD

LABEL: County Code for Beneficiary (SSA Code)

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

LONG NAME: COUNTY_CD

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: —

COMMENT: Each state has a series of codes beginning with '000' for each county within that state. Certain cities within that state have their own code. County codes must be combined with state codes in order to locate the specific county. The coding system is the SSA system, not the Federal Information Processing Standard (FIPS). In some cases, the code may not be the actual county where the beneficiary resides. CMS obtains the mailing address used for cash benefits or the mailing address used for other purposes (for example, premium billing) from Social Security Administration (SSA) and Railroad Retirement Board (RRB) Beneficiary Record Systems.

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COVSTART

LABEL: Medicare Coverage Start Date

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

LONG NAME: COVSTART

TYPE: DATE

LENGTH: 8

SOURCE: CMS Common Medicare Environment (CME)

VALUES: —

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

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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.

LONG NAME: CRNT_BIC_CD

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

10 = Railroad Retirement Board (RRB) Retirement employee or annuitant
11 = RRB Survivor joint annuitant reduced benefits taken to insure benefits for surviving spouse
13 = RRB Child of RR annuitant or Widow of annuitant with a child in her care
14 = RRB Spouse of RR employee or annuitant husband or wife
15 = RRB Parent of annuitant
16 = RRB Widow/widower of RR annuitant
17 = RRB Disabled adult child of RR annuitant
43 = RRB Child of RR employee or Widow of employee with a child in her care
45 = RRB Parent of employee
46 = RRB Widow/widower of RR employee
80 = RRB RR pensioner age or disability
83 = RRB Widow of pensioner with a child in her care 84 = RRB Spouse of RR pensioner
85 = RRB Parent of pensioner
86 = RRB Widow/widower of RR pensioner
A = Primary claimant
B = Aged wife age 62 or over 1st claimant
B1 = Aged husband age 62 or over 1st claimant
B2 = Young wife with a child in her care 1st claimant
B3 = Aged wife 2nd claimant
B4 = Aged husband 2nd claimant
B5 = Young wife 2nd claimant
B6 = Divorced wife age 62 or over 1st claimant
B7 = Young wife 3rd claimant
B8 = Aged wife 3rd claimant
B9 = Divorced wife 2nd claimant
BA = Aged wife 4th claimant
BD = Aged wife 5th claimant
BG = Aged husband 3rd claimant
BH = Aged husband 4th claimant
BJ = Aged husband 5th claimant
BK = Young wife 4th claimant
BL = Young wife 5th claimant
BN = Divorced wife 3rd claimant
BP = Divorced wife 4th claimant
BQ = Divorced wife 5th claimant
BR = Divorced husband 1st claimant
BT = Divorced husband 2nd claimant
BW = Young husband 2nd claimant
BY = Young husband 1st claimant
C1 = Child includes minor student or disabled child 1st claimant
C2 = Child includes minor student or disabled child 2nd claimant
C3 = Child includes minor student or disabled child 3rd claimant

C4 = Child includes minor student or disabled child 4th claimant
C5 = Child includes minor student or disabled child 5th claimant
C6 = Child includes minor student or disabled child 6th claimant
C7 = Child includes minor student or disabled child 7th claimant
C8 = Child includes minor student or disabled child 8th claimant
C9 = Child includes minor student or disabled child 9th claimant
CA = Child includes minor student or disabled child 10th claimant
CB = Child includes minor student or disabled child 11th claimant
CC = Child includes minor student or disabled child 12th claimant
CD = Child includes minor student or disabled child 13th claimant
CE = Child includes minor student or disabled child 14th claimant
CF = Child includes minor student or disabled child 15th claimant
CG = Child includes minor student or disabled child 16th claimant
CH = Child includes minor student or disabled child 17th claimant
CI = Child includes minor student or disabled child 18th claimant
CJ = Child includes minor student or disabled child 19th claimant
CK = Child includes minor student or disabled child 20th claimant
CL = Child includes minor student or disabled child 21st claimant
CM = Child includes minor student or disabled child 22nd claimant
CN = Child includes minor student or disabled child 23rd claimant
CO = Child includes minor student or disabled child 24th claimant
CP = Child includes minor student or disabled child 25th claimant
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.

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

LABEL: Part D Low-Income Cost Share Group Code — January through December

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

00 = Not Medicare enrolled for the month
01 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and no copayment
02 = Beneficiary enrolled in Parts A and/or B, and Part D; deemed eligible for LIS with 100% premium subsidy and low copayment
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
10 = Beneficiary enrolled in Parts A and/or B, but not Part D enrolled; employer receives RDS subsidy
13 = Beneficiary enrolled in Parts A and/or B, but not Part D enrolled. It is unknown whether the beneficiary has creditable prescription drug coverage elsewhere.
Null/missing = Beneficiary was not found in cost sharing group data

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).

Effective with MBSF ABDC V2, a beneficiary with a verified or unverified date of death will have a '00' for any month that is after the death date.

There is a late enrollment penalty for those who are eligible for Part D but choose not to enroll for any given year and do not have creditable coverage for that time. Several Medicare-eligible beneficiaries may have access to other types of prescription drug plans. Creditable prescription drug coverage includes, but is not limited to employer-based prescription drug coverage, including the Federal Employees Health Benefits Program (FEHB); qualified State Pharmaceutical Assistance Programs (SPAPs); military-related coverage (e.g., VA, TRICARE); and certain Medicare supplemental (Medigap) policies. For additional details regarding the creditable coverage provision of the Part D benefit, please refer to the CMS website at: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/index.html?redirect=/CreditableCoverage/.

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DUAL_ELGBL_MONS

LABEL: Months of Dual Eligibility

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

LONG NAME: DUAL_ELGBL_MONS

TYPE: NUM

LENGTH: 3

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

VALUES: 0–12

COMMENT: The algorithm for this variable was updated with MBSF ABCD V2. CCW derived this variable by counting the number of months where the beneficiary had full or partial dual eligibility (i.e., months where DUAL_STUS_CD_XX equal to 01, 02, 03, 04, 05, 06, 08, or 10). Starting with MBSF ABCD V2, the DUAL_STUS_CD_XX value 10 identifies beneficiaries in Puerto Rico, Virgin Islands, and other territories with subsidized months; CMS includes these months in the count of dual months. 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 the document *CCW Technical Guidance: Options in Determining Dual Eligibles*.

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

LABEL: Medicare-Medicaid Dual Eligibility Code — January through December

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

NA = Non-Medicaid
00 = Not enrolled in Medicare for the month
01 = Qualified Medicare Beneficiary (QMB)-only
02 = QMB and full Medicaid coverage, including prescription drugs
03 = Specified Low-Income Medicare Beneficiary (SLMB)-only
04 = SLMB and full Medicaid coverage, including prescription drugs
05 = Qualified Disabled Working Individual (QDWI)
06 = Qualifying individuals (QI)
08 = Other dual eligible (not QMB, SLMB, QWDI, or QI) with full Medicaid coverage, including prescription Drugs
09 = Other dual eligible, but without Medicaid coverage
10 = Subsidized months, including full or partial benefits in Puerto Rico, Virgin Islands, and other territories (Territory Buy-ins)
99 = Unknown

COMMENT: CMS obtains this information from the State Medicare Modernization Act (MMA) files. This information is considered the “gold standard” for identifying dual eligibles.

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

The addition of the value 10 in MBSF ABCD V2 includes subsidized months for Puerto Rico, Virgin Islands, and other territories to provide information regarding dual eligibility for all Medicare beneficiaries. Prior to MBSF ABCD V2, territories such as Puerto Rico and the Virgin Islands did not submit dual eligibility data to CMS through the MMA files; consequently, the dual-eligibles from these territories were undercounted.

Additional information regarding various ways to identify dually enrolled populations, refer to the document *CCW Technical Guidance: 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).

Effective with MBSF ABDC V2, a beneficiary with a verified or unverified date of death will have a ‘00’ for any month that is after the death date.

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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+).

LONG NAME: ENHANCED_FIVE_PERCENT_FLAG

TYPE: CHAR

LENGTH: 1

SOURCE: CCW (derived)

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

COMMENT: This enhanced 5% sample is broader than the annual 5% sample (variable that was previously called FIVE_PERCENT_FLAG; currently called SAMPLE_GROUP — when value ='01' or '04') because it includes all beneficiaries who were ever part of the 5% sample but had a HIC change that was not part of the sample. The "enhanced" indicator variable allows for longitudinal study of the 5% sample (i.e., once in, always in).

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

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ENTLMT_RSN_CURR

LABEL: Current Reason for Entitlement Code

DESCRIPTION: Current reason for Medicare entitlement.

LONG NAME: ENTLMT_RSN_CURR

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Old age and survivor's insurance (OASI)
1 = Disability insurance benefits (DIB)
2 = End-stage renal disease (ESRD)
3 = Both DIB and ESRD
4 = Beneficiary insured due to Part B Immunosuppressive Drug (PBID)

COMMENT: This variable indicates how the beneficiary currently qualifies for Medicare. The current reason for entitlement can differ from the original reason that a beneficiary qualified for Medicare (reference the ENTLMT_RSN_ORIG variable). CMS obtains this information from the Social Security Administration (SSA) and Railroad Retirement Board (RRB) record systems.

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ENTLMT_RSN_ORIG

LABEL: Original Reason for Entitlement Code

DESCRIPTION: Original reason for Medicare entitlement.

LONG NAME: ENTLMT_RSN_ORIG

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

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

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

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ESRD_IND

LABEL: End-Stage Renal Disease (ESRD) — Annual Indicator

DESCRIPTION: This field specifies whether a beneficiary is entitled to Medicare benefits due to end stage renal disease (ESRD). This field is from the latest valid monthly ESRD indicator field (ESRD_IND_01–ESRD_IND_12) during the year.

LONG NAME: ESRD_IND

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

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

COMMENT: This variable is sourced directly from Medicare eligibility data, and recoded into a binary classification.

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ESRD_IND_01

ESRD_IND_02

ESRD_IND_03

ESRD_IND_04

ESRD_IND_05

ESRD_IND_06

ESRD_IND_07

ESRD_IND_08

ESRD_IND_09

ESRD_IND_10

ESRD_IND_11

ESRD_IND_12

LABEL: ESRD Indicator — January through December

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

LONG NAME:

ESRD_IND_01
ESRD_IND_02
ESRD_IND_03
ESRD_IND_04
ESRD_IND_05
ESRD_IND_06
ESRD_IND_07
ESRD_IND_08
ESRD_IND_09
ESRD_IND_10
ESRD_IND_11
ESRD_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

N= Not enrolled
Y = the beneficiary has ESRD coverage
0 = the beneficiary does not have ESRD coverage

COMMENT: This field is new starting with MBSF ABCD V2. A beneficiary with a verified or unverified date of death will have a 'N' for any month that is after the death date.

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

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HMO_IND_01
HMO_IND_02
HMO_IND_03
HMO_IND_04
HMO_IND_05
HMO_IND_06
HMO_IND_07
HMO_IND_08
HMO_IND_09
HMO_IND_10
HMO_IND_11
HMO_IND_12

LABEL: HMO Indicator – January through December

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

LONG NAME:

HMO_IND_01
HMO_IND_02
HMO_IND_03
HMO_IND_04
HMO_IND_05
HMO_IND_06
HMO_IND_07
HMO_IND_08
HMO_IND_09
HMO_IND_10
HMO_IND_11
HMO_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

N = Not enrolled in Medicare part A or B in the month, whether not enrolled but still alive, or died (with a verified or unverified date of death) (value effective with MBSF ABCD V2)
0 = Enrolled in Medicare A or B but not a member of an HMO in the month
1 = Non-lock-in, CMS to process provider claims
2 = Non-lock-in, group health organization (GHO; MA plan) to process in plan Part A and in area Part B claims
4 = Fee-for-service participant in case or disease management demonstration project
A = Lock-in, CMS to process provider claims
B = Lock-in, GHO to process in plan Part A and in area Part B claims
C = Lock-in, GHO to process all provider claims

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

Starting with MBSF ABCD V2, the values were expanded to distinguish between months enrolled without HMO coverage (‘0’) and months not enrolled in Medicare (‘N’). In addition, a beneficiary with a verified or unverified date of death will have an ‘N’ for any month that is after the death date.

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).

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MDCR_ENTLMT_BUYIN_IND_01 MDCR_ENTLMT_BUYIN_IND_02 MDCR_ENTLMT_BUYIN_IND_03 MDCR_ENTLMT_BUYIN_IND_04 MDCR_ENTLMT_BUYIN_IND_05 MDCR_ENTLMT_BUYIN_IND_06 MDCR_ENTLMT_BUYIN_IND_07 MDCR_ENTLMT_BUYIN_IND_08 MDCR_ENTLMT_BUYIN_IND_09 MDCR_ENTLMT_BUYIN_IND_10 MDCR_ENTLMT_BUYIN_IND_11 MDCR_ENTLMT_BUYIN_IND_12

NAME: Medicare Entitlement/Buy-In Indicator — January through December

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

LONG NAME:

MDCR_ENTLMT_BUYIN_IND_01
MDCR_ENTLMT_BUYIN_IND_02
MDCR_ENTLMT_BUYIN_IND_03
MDCR_ENTLMT_BUYIN_IND_04
MDCR_ENTLMT_BUYIN_IND_05
MDCR_ENTLMT_BUYIN_IND_06
MDCR_ENTLMT_BUYIN_IND_07
MDCR_ENTLMT_BUYIN_IND_08
MDCR_ENTLMT_BUYIN_IND_09
MDCR_ENTLMT_BUYIN_IND_10
MDCR_ENTLMT_BUYIN_IND_11
MDCR_ENTLMT_BUYIN_IND_12

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

0 = Not Medicare enrolled for the month
1 = Part A only
2 = Part B only
3 = Part A and Part B
A = Part A state buy-in
B = Part B state buy-in
C = Part A and Part B state buy-in

COMMENT: This variable indicates whether the beneficiary was entitled to Part A, Part B, or both for a given month. There are 12 monthly variables — where the 01 through 12 at the end of the variable name correspond with the month (e.g., 01 is January and 12 is December).The variable also indicates whether the beneficiary’s state of residence paid his/her monthly premium for Part B coverage (and Part A if necessary). State Medicaid programs can pay those premiums for certain dual eligibles; this action is called “buying in” and so this variable is the “buy-in code.”

Effective with MBSF ABDC V2, a beneficiary with a verified or unverified date of death will have a ‘0’ for any month that is after the death date.

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MDCR_STATUS_CD

LABEL: Medicare Status Code — Annual Indicator

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare. This field is the latest valid value from the monthly Medicare Status Code field (MDCR_STATUS_CD_01–MDCR_STATUS_CD_12); if there is not a valid monthly MDCR_STATUS_CD during the year, then this value is derived from AGE_AT_END_REF_YR and ESRD_IND.

LONG NAME: MDCR_STATUS_CD

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES:
10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only
40 = Beneficiary insured due to Part B Immunosuppressive Drug (PBID) (effective in 2023)

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

This field is new starting with MBSF ABCD V2.

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MDCR_STATUS_CD_01 MDCR_STATUS_CD_02 MDCR_STATUS_CD_03 MDCR_STATUS_CD_04 MDCR_STATUS_CD_05 MDCR_STATUS_CD_06 MDCR_STATUS_CD_07 MDCR_STATUS_CD_08 MDCR_STATUS_CD_09 MDCR_STATUS_CD_10 MDCR_STATUS_CD_11 MDCR_STATUS_CD_12

LABEL: Medicare Status Code – January through December

DESCRIPTION: This variable indicates how a beneficiary currently qualifies for Medicare – January through December.

LONG NAME:

MDCR_STATUS_CD_01
MDCR_STATUS_CD_02
MDCR_STATUS_CD_03
MDCR_STATUS_CD_04
MDCR_STATUS_CD_05
MDCR_STATUS_CD_06
MDCR_STATUS_CD_07
MDCR_STATUS_CD_08
MDCR_STATUS_CD_09
MDCR_STATUS_CD_10
MDCR_STATUS_CD_11
MDCR_STATUS_CD_12

TYPE: CHAR

LENGTH: 2

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

00 = Not Medicare enrolled for the month
10 = Aged without end-stage renal disease (ESRD)
11 = Aged with ESRD
20 = Disabled without ESRD
21 = Disabled with ESRD
31 = ESRD only
40 = Beneficiary insured due to Part B Immunosuppressive Drug (PBID) (effective in 2023)

COMMENT: The field name for this variable was updated with MBSF ABCD V2 (previously it was called MDCR_STATUS_CODE_*MM*). Also effective with MBSF ABDC V2, a beneficiary with a verified or unverified date of death will have a '00' for any month that is after the death date.

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

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

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PTA_CVRG_STRT_DT

LABEL: Medicare Part A Coverage Start Date

DESCRIPTION: This variable is the start date of coverage for Medicare Part A. It reflects the initial date a beneficiary became enrolled in Medicare Part A coverage.

LONG NAME: PTA_CVRG_STRT_DT

TYPE: DATE

LENGTH: 8

SOURCE: CMS Common Medicare Environment (CME)

VALUES: —

COMMENT: This field will have a missing value if the beneficiary was never enrolled in Medicare Part A. This field is new starting with MBSF ABCD V2.

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PTB_CVRG_STRT_DT

LABEL: Medicare Part B Coverage Start Date

DESCRIPTION: This variable is the start date of coverage for Medicare Part B. It reflects the initial date a beneficiary became enrolled in Medicare Part B coverage.

LONG NAME: PTB_CVRG_STRT_DT

TYPE: DATE

LENGTH: 8

SOURCE: CMS Common Medicare Environment (CME)

VALUES: —

COMMENT: This field will have a missing value if the beneficiary was never enrolled in Medicare Part B. This field is new starting with MBSF ABCD V2.

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PTC_CNTRCT_ID_01 / PTC_CNTRCT_ID_02 / PTC_CNTRCT_ID_03 / PTC_CNTRCT_ID_04 / PTC_CNTRCT_ID_05 / PTC_CNTRCT_ID_06 / PTC_CNTRCT_ID_07 / PTC_CNTRCT_ID_08 / PTC_CNTRCT_ID_09 / PTC_CNTRCT_ID_10 / PTC_CNTRCT_ID_11 / PTC_CNTRCT_ID_12

LABEL: Part C Contract Number — January through December

DESCRIPTION: This variable is the Medicare Part C contract number for the beneficiary's Medicare Advantage (MA) plan for a given month (January through December).

CMS assigns an identifier to each contract that a managed care plan has with CMS.

LONG NAME:

PTC_CNTRCT_ID_01
PTC_CNTRCT_ID_02
PTC_CNTRCT_ID_03
PTC_CNTRCT_ID_04
PTC_CNTRCT_ID_05
PTC_CNTRCT_ID_06
PTC_CNTRCT_ID_07
PTC_CNTRCT_ID_08
PTC_CNTRCT_ID_09
PTC_CNTRCT_ID_10
PTC_CNTRCT_ID_11
PTC_CNTRCT_ID_12

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: The first character of the contract ID is a letter or number representing the type of plan:

H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 and 1833 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)
N = Not Part C Enrolled
0 = Not Medicare enrolled for the month
9 = Health Care Pre-Payment Plan (HCPP) — Section 1833 Cost Plan

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be 'N' for that month. Effective with MBSF ABDC V2, a beneficiary with a verified or unverified date of death will have a '0' Part C contract ID for any month that is after the death date.

Users need to know both the Part C contract number and plan benefit package (PBP; monthly variables called PTC_PBP_ID_XX) to identify the specific plan in which a beneficiary was enrolled. The 1833 cost plans do not have populated PBP_IDs.

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

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PTC_PBP_ID_01 PTC_PBP_ID_02 PTC_PBP_ID_03 PTC_PBP_ID_04 PTC_PBP_ID_05 PTC_PBP_ID_06 PTC_PBP_ID_07 PTC_PBP_ID_08 PTC_PBP_ID_09 PTC_PBP_ID_10 PTC_PBP_ID_11 PTC_PBP_ID_12

LABEL: Part C PBP Number — January through December

DESCRIPTION: The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month (January through December).

CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.

LONG NAME:

PTC_PBP_ID_01
PTC_PBP_ID_02
PTC_PBP_ID_03
PTC_PBP_ID_04
PTC_PBP_ID_05
PTC_PBP_ID_06
PTC_PBP_ID_07
PTC_PBP_ID_08
PTC_PBP_ID_09
PTC_PBP_ID_10
PTC_PBP_ID_11
PTC_PBP_ID_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Three-digit alphanumeric that can include leading zeros
Null/missing = Not Enrolled in Medicare Part C (or enrolled in 1833 cost plans, which means the PBP_ID is n/a)

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month; this includes beneficiaries not enrolled in Medicare for the month. The 1833 cost plans do not have populated PBP_IDs. Effective with MBSF ABDC V2, a beneficiary with a verified or unverified date of death will have a null/missing Part C PBP_ID for any month that is after the death date.

Users need to know both the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PBP) to identify the specific plan in which a beneficiary was enrolled.

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

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PTC_PLAN_TYPE_CD_01 PTC_PLAN_TYPE_CD_02 PTC_PLAN_TYPE_CD_03 PTC_PLAN_TYPE_CD_04 PTC_PLAN_TYPE_CD_05 PTC_PLAN_TYPE_CD_06 PTC_PLAN_TYPE_CD_07 PTC_PLAN_TYPE_CD_08 PTC_PLAN_TYPE_CD_09 PTC_PLAN_TYPE_CD_10 PTC_PLAN_TYPE_CD_11 PTC_PLAN_TYPE_CD_12

LABEL: Part C Plan Type Code – January through December

DESCRIPTION: This variable is the type of Medicare Part C plan for the beneficiary for a given month (January through December).

LONG NAME:

PTC_PLAN_TYPE_CD_01
PTC_PLAN_TYPE_CD_02
PTC_PLAN_TYPE_CD_03
PTC_PLAN_TYPE_CD_04
PTC_PLAN_TYPE_CD_05
PTC_PLAN_TYPE_CD_06
PTC_PLAN_TYPE_CD_07
PTC_PLAN_TYPE_CD_08
PTC_PLAN_TYPE_CD_09
PTC_PLAN_TYPE_CD_10
PTC_PLAN_TYPE_CD_11
PTC_PLAN_TYPE_CD_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES:

Null/missing =Not Enrolled in Medicare Part C
001 = Health Maintenance Organization (HMO)
002 = HMO point-of-service (HMOPOS)
004 = Local Preferred Provider Organization (PPO)
005 = PSO (State License)
006 = PSO (Federal Waiver of State License)
007 = Medical Savings Account (MSA)
008 = Religious Fraternal Benefit (RFB) private fee-for-service (PFFS) plan
009 = Private fee-for-service (PFFS) plan
010 = SHMO
018 = Section 1876 Cost Plan
019 = HCPP — Section 1833 Cost Plan
020 = National Program of All-inclusive Care for the Elderly (PACE)
031 = Regional Preferred Provider Organization (PPO)
033 = Minnesota (MN) Disability Health Options
034 = MN Senior Health Options
035 = Wisconsin (WI) Partnership Program
036 = Massachusetts (MA) Health Senior Care Options
037 = Continuing Care Retirement Community
038 = End-Stage Renal Disease — I (ESRD)
039 = ESRD II

040 = Employer/Union Only Direct Contract PFFS
041 = Medical Savings Account (MSA) Demonstration
048 = Medicare-Medicaid Plan (MMP) HMO
049 = Medicare-Medicaid Plan HMO Point-of-Service (MMP HMOPOS)

COMMENT: If the beneficiary was not enrolled in a managed care plan for a given month, this variable will be null/missing for that month; this includes beneficiaries not enrolled in Medicare for the month. Effective with MBSF ABDC V2, a beneficiary with a verified or unverified date of death will have a null/missing Part C plan type code for any month that is after the death date.

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

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PTC_SGMT_ID_01 PTC_SGMT_ID_02 PTC_SGMT_ID_03 PTC_SGMT_ID_04 PTC_SGMT_ID_05 PTC_SGMT_ID_06 PTC_SGMT_ID_07 PTC_SGMT_ID_08 PTC_SGMT_ID_09 PTC_SGMT_ID_10 PTC_SGMT_ID_11 PTC_SGMT_ID_12

LABEL: Part C Segment Number — January through December

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

LONG NAME:

PTC_SGMT_ID_01
PTC_SGMT_ID_02
PTC_SGMT_ID_03
PTC_SGMT_ID_04
PTC_SGMT_ID_05
PTC_SGMT_ID_06
PTC_SGMT_ID_07
PTC_SGMT_ID_08
PTC_SGMT_ID_09
PTC_SGMT_ID_10
PTC_SGMT_ID_11
PTC_SGMT_ID_12

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

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

COMMENT: If the beneficiary did not have a Part C plan for a given month, this variable will have null/missing value for that month; this includes beneficiaries not enrolled in Medicare for the month. If the beneficiary changed plans during the year, the value indicates market segment identifier for the final, reconciled PBP. A beneficiary with a verified or unverified date of death will have a null/missing Part C segment ID for any month that is after the death date.

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). Users must know the Part C contract number (PTC_CNTRCT_ID_XX) and plan benefit package (PTC_PBP_ID_XX) to determine the geographic market areas where the PBP was offered. Premiums may vary by market segment.

This field is new starting with MBSF ABCD V2.

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

LABEL: Part D Contract Number — January through December

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: The first character of the contract ID is a letter or number representing the type of plan:

E = Employer direct plan (starting January 2007)
H = Managed care organizations other than a regional PPO (i.e., local MA-PDs, 1876 and 1833 cost plans, Program of All-Inclusive Care for the Elderly (PACE) plans, private fee-for-service plans, or demonstration organization plans)
R = Regional preferred provider organization (PPO)
S = Stand-alone prescription drug plan (PDP)
X = Limited Income Newly Eligible Transition plan (LINET)
N = Not Part D Enrolled
0 = Not Medicare enrolled for the month
Null/Missing = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.

COMMENT: The first character of the contract ID is a letter that indicates the type of plan. If the beneficiary did not have a Part D plan for a given month, this variable will have a value of N, 0, or be null/missing for that month. Effective with MBSF ABDC V2, a beneficiary with a verified or unverified date of death will have a '0' Part D Contract ID for any month that is after the death date. 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).

Users 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.

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PTD_CVRG_STRT_DT

LABEL: Medicare Part D Coverage Start Date

DESCRIPTION: This variable is the start date of coverage for Medicare Part D. It reflects the initial date a beneficiary became eligible for Medicare Part D coverage.

LONG NAME: PTD_CVRG_STRT_DT

TYPE: DATE

LENGTH: 8

SOURCE: CMS Common Medicare Environment (CME)

VALUES: —

COMMENT: This field will have a missing value if the beneficiary was never enrolled in Medicare Part D. This field is new starting with MBSF ABCD V2.

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

LABEL: Part D Plan Benefit Package Number — January through December

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Three-digit alphanumeric that can include leading zeros
Null/missing =Not Enrolled in Medicare Part D

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. Effective with MBSF ABDC V2, a beneficiary with a verified or unverified date of death will have a null/missing Part D plan benefit package ID for any month that is after the death date. 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). Users need to know both the Part D contract number (PTD_CNTRCT_ID_XX) and plan benefit package (PTD_PBP_ID_XX) to identify the specific plan in which a beneficiary was enrolled.

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PTD_PLAN_CVRG_MONS

LABEL: Months of Part D Coverage

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

LONG NAME: PTD_PLAN_CVRG_MONS

TYPE: NUM

LENGTH: 3

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

VALUES: 0–12

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

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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

LABEL: Part D Market Segment Number — January through December

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 3

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null/missing or a three-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. A beneficiary with a verified or unverified date of death will have a null/missing Part D segment ID for any month that is after the death date. 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).

Users 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 particular PBP was offered. Premiums may vary by market segment.

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RDS_CVRG_MONS

LABEL: Months of Retiree Drug Subsidy Coverage

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

LONG NAME: RDS_CVRG_MONS

TYPE: NUM

LENGTH: 3

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

VALUES: 0–12

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

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

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

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

LABEL: Part D Retiree Drug Subsidy Indicator – January through December

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

LONG NAME:

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

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:
Y = Employer subsidized for the retired beneficiary
N = No employer subsidization for the retired beneficiary
0 = Not Medicare enrolled for the month
Null/missing = Enrolled in Medicare A and/or B, but no Part D enrollment data for the beneficiary.

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

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

A beneficiary with a verified or unverified date of death will have a '0' RDS Indicator for any month that is after the death date.

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

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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.

LONG NAME: RTI_RACE_CD

TYPE: CHAR

LENGTH: 1

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

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

COMMENT: This variable is created by taking the beneficiary race code that has historically been used by the Social Security Administration (SSA) (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.

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SAMPLE_GROUP

LABEL: Medicare Sample Group Indicator

DESCRIPTION: Medicare 1, 5, or 20% strict sample group indicator.

LONG NAME: SAMPLE_GROUP

TYPE: CHAR

LENGTH: 2

SOURCE: CCW (derived)

VALUES: 01, 04, 15, null/missing (not included in 20% sample for the year)

COMMENT: CCW creates the sample values using standard CMS processes to identify the random 1, 5, 15, and 20 percent samples of Medicare beneficiaries.

The sample groups are based on a random 20 percent sample that is split into three mutually exclusive groups of 1 percent, 4 percent, and 15 percent.

To use the 1 percent sample, specify that SAMPLE_GRP equals “01”.

To use the 5 percent sample, specify that SAMPLE_GRP equals “01” or “04”.

To use the 15 percent sample, specify that SAMPLE_GRP equals “15”.

To use the 20 percent sample, specify that SAMPLE_GRP equals “01”, “04”, or “15”.

Beneficiaries are assigned to sample groups each year based on the last two digits of their Medicare Claim Account Numbers (CANs). Since CANs can change over time (e.g., in the case of remarriage), new beneficiaries are becoming eligible for Medicare, and existing beneficiaries are dying, the sample is cross-sectional. There is no guarantee that the exact same beneficiaries are represented in the same sample group from one year to the next (i.e., this is the strict sampling).

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SEX_IDENT_CD

LABEL: Sex

DESCRIPTION: This variable indicates the sex of the beneficiary.

LONG NAME: SEX_IDENT_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0 = Unknown
1 = Male
2 = Female

COMMENT: —

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SSA_DIB_AWD_CD

LABEL: SSA Disability Insurance Benefit Award Code

DESCRIPTION: This variable is the disability insurance benefits (DIB) award code from the Social Security Administration (SSA).

LONG NAME: SSA_DIB_AWD_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:
A = Health Insurance/Supplemental Medical Insurance (HI/SMI) Entitlement Based Upon Disability on Another Claim Number
C = Retirement Insurance Benefit/Disability Insurance Benefit (RIB/DIB) Entitlement
F = Favorable Decision for DIB Re-entitlement
K = Invalid Code Entered
L = 1972 Blind Provision
N = Blind, 1967 Definition
P = Blind — Prior to Age 31, 1967 Definition
R = Insured Under Special Insured Status Provision for Young Disabled
S = Blind — Original Definition
T = Blind, Prior to Age 31, Original Definition
U = Short-Term Disability
X = No Waiting Period
Missing = no record of SSA disability determination

COMMENT: CMS obtains information regarding SSA disability benefits and stores it as part of the Common Medicare Environment (CME) database.

This field is new starting with MBSF ABCD V2.

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SSA_DIB_JSTFCTN_CD

LABEL: SSA Disability Insurance Benefit Entitlement to Medicare Justification Code

DESCRIPTION: This variable is the disability justification code from the Social Security Administration (SSA).

LONG NAME: SSA_DIB_JSTFCTN_CD

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES:
1 = Beneficiary is entitled to Medicare coverage due to prior periods of SSA disability entitlement
A = Beneficiary is entitled to Medicare based upon SSA disability and the 24-month waiting period has been waived
H = Beneficiary is entitled to Medicare due to health hazard
Null = no record of SSA disability determination

COMMENT: CMS obtains information regarding SSA disability benefits and stores it as part of the Common Medicare Environment (CME) database.

This field is new starting with MBSF ABCD V2.

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SSA_DIB_PRMRY_IMPRMNT_CD

LABEL: SSA Disability Insurance Benefit Dx Primary Impairment Code

DESCRIPTION: This variable is the disability primary impairment diagnosis code from the Social Security Administration (SSA). The SSA groups diagnoses into categories.

LONG NAME: SSA_DIB_PRMRY_IMPRMNT_CD

TYPE: CHAR

LENGTH: 4

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0001–9999 (e.g., 2960,) or null/missing

COMMENT: Note that these are not ICD-10 (or ICD-9) diagnosis codes. Reference the SSA website: https://secure.ssa.gov/poms.nsf/lnx/0426510015

CMS obtains information regarding SSA disability benefits and stores it as part of the Common Medicare Environment (CME) database.

This field is new starting with MBSF ABCD V2.

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SSA_DIB_SCNDRY_IMPRMNT_CD

LABEL: SSA Disability Insurance Benefit Dx Secondary Impairment Code

DESCRIPTION: This variable is the disability secondary impairment diagnosis code from the Social Security Administration (SSA). The SSA groups diagnoses into categories.

LONG NAME: SSA_DIB_SCNDRY_IMPRMNT_CD

TYPE: CHAR

LENGTH: 4

SOURCE: CMS Common Medicare Environment (CME)

VALUES: 0001–9999 (e.g., 2960) or null/missing

COMMENT: Note that these are not ICD-10 (or ICD-9) diagnosis codes. Reference the SSA website: https://secure.ssa.gov/poms.nsf/lnx/0426510015

CMS obtains information regarding SSA disability benefits and stores it as part of the Common Medicare Environment (CME) database.

This field is new starting with MBSF ABCD V2.

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STATE_CNTY_FIPS_CD_01 STATE_CNTY_FIPS_CD_02 STATE_CNTY_FIPS_CD_03 STATE_CNTY_FIPS_CD_04 STATE_CNTY_FIPS_CD_05 STATE_CNTY_FIPS_CD_06 STATE_CNTY_FIPS_CD_07 STATE_CNTY_FIPS_CD_08 STATE_CNTY_FIPS_CD_09 STATE_CNTY_FIPS_CD_10 STATE_CNTY_FIPS_CD_11 STATE_CNTY_FIPS_CD_12

LABEL: State and County FIPS Code — January through December

DESCRIPTION: This field specifies the monthly concatenated state/county Federal Information Processing Standard (FIPS) code for the beneficiary — in January through December.

LONG NAME:

STATE_CNTY_FIPS_CD_01
STATE_CNTY_FIPS_CD_02
STATE_CNTY_FIPS_CD_03
STATE_CNTY_FIPS_CD_04
STATE_CNTY_FIPS_CD_05
STATE_CNTY_FIPS_CD_06
STATE_CNTY_FIPS_CD_07
STATE_CNTY_FIPS_CD_08
STATE_CNTY_FIPS_CD_09
STATE_CNTY_FIPS_CD_10
STATE_CNTY_FIPS_CD_11
STATE_CNTY_FIPS_CD_12

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Five-digit numeric value, which can include leading zeros, or null (if there is no crosswalk from the SSA code to the FIPS code)

COMMENT: The first two digits specify the state; the last 3 digits specify the county.

This variable is derived by taking the SSA state/county code on record for the beneficiary in the CMS enrollment database and linking it to the corresponding FIPS state/county code.

A beneficiary with a verified or unverified date of death will have a null state/county FIPS code for any month that is after the death date.

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

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STATE_CD

LABEL: State Code for Beneficiary (SSA Code)

DESCRIPTION: The Social Security Administration (SSA) standard two-digit state code of a beneficiary's residence.

LONG NAME: STATE_CD

TYPE: CHAR

LENGTH: 2

SOURCE: SSA/CME

VALUES:

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

68 = Florida (eff. 10/2005)
69 = Florida (eff. 10/2005)
70 = Kansas (eff. 10/2005)
71 = Louisiana (eff. 10/2005)
72 = Ohio (eff. 10/2005)
73 = Pennsylvania (eff. 10/2005)
74 = Texas (eff. 10/2005)
80 = Maryland (eff. 8/2000)
97 = Northern Marianas
98 = Guam
99 = With 000 county code is American Samoa; otherwise unknown

COMMENT: The field name for this variable was updated with MBSF ABCD V2 (previously it was called STATE_CODE).

The state code is based on the latest state code for the beneficiary for the year in the CME data. If the value is missing, then the first state code in the following year populates this field.

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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).

LONG NAME: VALID_DEATH_DT_SW

TYPE: CHAR

LENGTH: 1

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Null = Default
V = Valid death date

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

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ZIP_CD

LABEL: Five-digit ZIP Code for Beneficiary

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

LONG NAME: ZIP_CD

TYPE: CHAR

LENGTH: 5

SOURCE: CMS Common Medicare Environment (CME)

VALUES: Five-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.

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