Chronic Conditions Warehouse
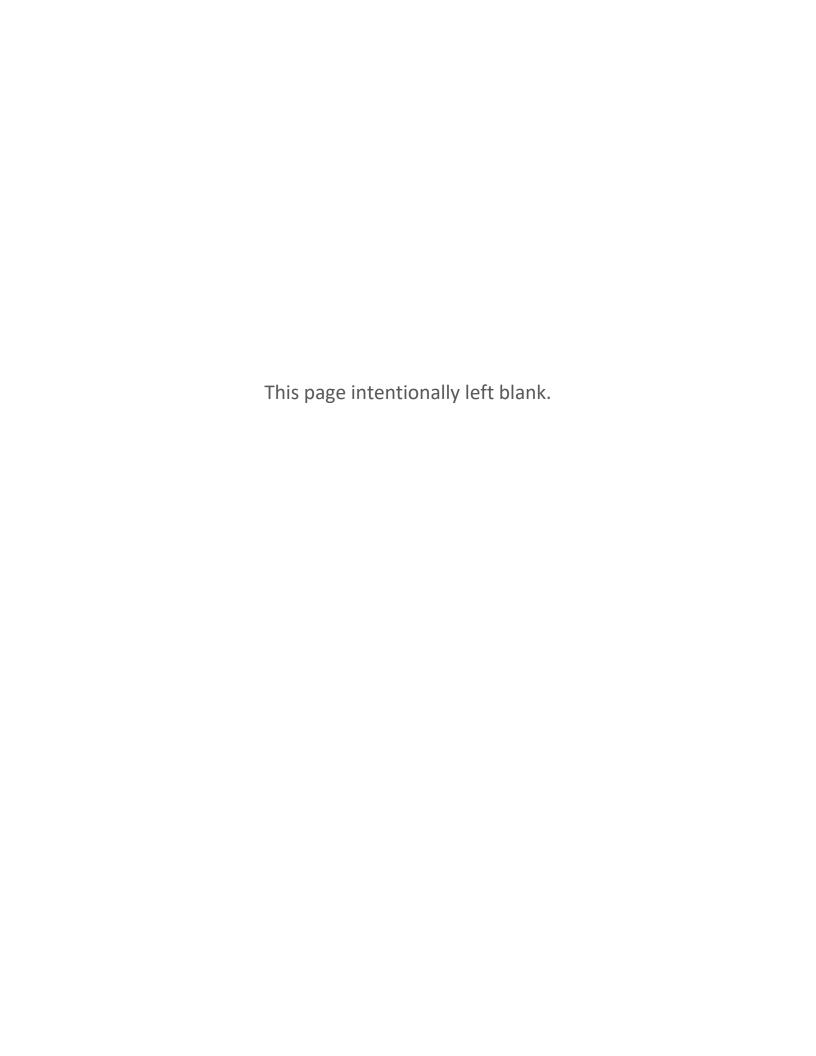
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Chronic Conditions Warehouse

CODEBOOK:
Master Beneficiary Summary File (MBSF)
27 CCW Chronic Conditions (CC) File

FEBRUARY 2022 | VERSION 1.2

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Revision Log

Date	Changed by	Revisions	Version
February 2022	A. Sisco	Updated titling to reflect "27" conditions and "CC" file	1.2
February 2021	C. Alleman K. Russell	Migrated codebook to new document template; changed variable order to sort alphabetically on long name	1.1
May 2017	C. Alleman K. Schneider	Initial release of codebook for the Master Beneficiary Summary File — Chronic Condition 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) — 27 CCW Chronic Condition (CC) 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.

Quick links: <u>A</u> <u>B</u> <u>C</u> <u>D</u> <u>E</u> F <u>G</u> <u>H</u> <u>I</u> J K L M N <u>O</u> P Q <u>R</u> <u>S</u> T U V W X Y Z

Variable Details

This section of the codebook contains one entry for each variable in the Medicare Beneficiary Summary File (MBSF) 27 CCW Chronic Conditions (CC) files. Each entry contains variable details to facilitate understanding and use of the variables.

ALZH

LABEL: Alzheimer's Disease End-of-Year Indicator

DESCRIPTION: This code specifies whether the beneficiary met the Chronic Condition Warehouse (CCW) algorithm criteria for Alzheimer's disease as of the end of the calendar year.

SHORT NAME: ALZH

LONG NAME: ALZH

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For Alzheimer's disease, beneficiaries must have at least one inpatient, SNF, home health, Part B institutional, or Part B non-institutional (carrier) claim with an Alzheimer's code in any position during the three-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

ALZH_DEMEN

LABEL: Alzheimer's Disease and Related Disorders or Senile Dementia End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for Alzheimer's disease and related disorders or senile dementia as of the end of the calendar year.

SHORT NAME: ALZHDMTA

LONG NAME: ALZH_DEMEN

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For Alzheimer's disease and related disorders or senile dementia, beneficiaries must have at least one inpatient, SNF, home health, Part B institutional, or Part B non-institutional (carrier) claim with a related code in any position during the three-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

ALZH_DEMEN_EVER

LABEL: Date that beneficiary first met claims criteria for the Alzheimer's disease and related disorders or senile dementia indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) Alzheimer's disease and related disorders or senile dementia indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: ALZHDMTE

LONG NAME: ALZH_DEMEN_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

ALZH_DEMEN_MID

LABEL: Alzheimer's Disease and Related Disorders or Senile Dementia Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for Alzheimer's disease and related disorders or senile dementia on July 1 of the specified reference period.

SHORT NAME: ALZHDMTM

LONG NAME: ALZH_DEMEN_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES:
0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For Alzheimer's disease and related disorders or senile dementia, beneficiaries must have at least one inpatient, SNF, home health, Part B institutional, or Part B non-institutional (carrier) claim with a related code in any position during the three-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

ALZH_EVER

LABEL: Date that beneficiary first met claims criteria for the Alzheimer's disease indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) Alzheimer's disease indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: ALZHE

LONG NAME: ALZH_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

ALZH_MID

LABEL: Alzheimer's Disease Mid-Year Indicator

DESCRIPTION: This code specifies whether the beneficiary met the Chronic Condition Warehouse (CCW) algorithm criteria for Alzheimer's disease on July 1 of the specified reference period.

SHORT NAME: ALZHM

LONG NAME: ALZH_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For Alzheimer's disease, beneficiaries must have at least one inpatient, SNF, home health, Part B institutional, or Part B non-institutional (carrier) claim with an Alzheimer's code in any position during the three-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

AMI

LABEL: Acute Myocardial Infarction End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for an acute myocardial infarction (AMI; heart attack) as of the end of the calendar year.

SHORT NAME: AMI

LONG NAME: AMI

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For heart attack, beneficiaries must have at least one inpatient claim with a heart attack diagnosis code in the first or second position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

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AMI_EVER

LABEL: Date that beneficiary first met claims criteria for the AMI indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) acute myocardial infarction (AMI; heart attack) indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: AMIE

LONG NAME: AMI_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

AMI_MID

LABEL: Acute Myocardial Infarction Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for an acute myocardial infarction (AMI; heart attack) on July 1 of the specified reference period.

SHORT NAME: AMIM

LONG NAME: AMI_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For heart attack, beneficiaries must have at least one inpatient claim with a heart attack diagnosis code in the first or second position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

ANEMIA

LABEL: Anemia End Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for anemia as of the end of the calendar year.

SHORT NAME: ANEMIA

LONG NAME: ANEMIA

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For anemia, beneficiaries must have at least one inpatient, SNF, home health, Part B institutional, or Part B non-institutional (carrier) claim with an anemia code in any position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

ANEMIA_EVER

LABEL: Date that beneficiary first met claims criteria for the anemia indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) anemia indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: ANEMIA_EVER

LONG NAME: ANEMIA_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

ANEMIA_MID

LABEL: Anemia Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for anemia on July 1 of the specified reference period.

SHORT NAME: ANEMIA_MID

LONG NAME: ANEMIA_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For anemia, beneficiaries must have at least one inpatient, SNF, home health, Part B institutional, or Part B non-institutional (carrier) claim with an anemia code in any position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

ASTHMA

LABEL: Asthma End Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for asthma as of the end of the calendar year.

SHORT NAME: ASTHMA

LONG NAME: ASTHMA

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For asthma, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims with an asthma code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

ASTHMA_EVER

LABEL: Date that beneficiary first met claims criteria for the asthma indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) asthma indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: ASTHMA_EVER

LONG NAME: ASTHMA_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

ASTHMA_MID

LABEL: Asthma Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for asthma on July 1 of the specified reference period.

SHORT NAME: ASTHMA_MID

LONG NAME: ASTHMA_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For asthma, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims with an asthma code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

ATRIAL_FIB

LABEL: Atrial Fibrillation End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for atrial fibrillation as of the end of the calendar year.

SHORT NAME: ATRIALFB

LONG NAME: ATRIAL_FIB

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For atrial fibrillation, beneficiaries must have at least one inpatient claim or two-Part B institutional or non-institutional (carrier) claims with an atrial fibrillation code in the first or second position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

ATRIAL_FIB_EVER

LABEL: Date that beneficiary first met claims criteria for the atrial fibrillation indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) atrial fibrillation indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: ATRIALFE

LONG NAME: ATRIAL_FIB_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

ATRIAL_FIB_MID

LABEL: Atrial Fibrillation Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for atrial fibrillation on July 1 of the specified reference period.

SHORT NAME: ATRIALFM

LONG NAME: ATRIAL_FIB_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For atrial fibrillation, beneficiaries must have at least one inpatient claim or two-Part B institutional or non-institutional (carrier) claims with an atrial fibrillation code in the first or second position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

BENE_ENROLLMT_REF_YR

LABEL: Reference Year

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

SHORT NAME: RFRNC_YR

LONG NAME: BENE_ENROLLMT_REF_YR

TYPE: NUM

LENGTH: 4

SOURCE: CMS Enrollment Database (EDB)

VALUES: 1999–current data year

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

BENE_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: —

CANCER_BREAST

LABEL: Breast Cancer End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for breast cancer (female or male) as of the end of the calendar year.

SHORT NAME: CNCRBRST

LONG NAME: CANCER_BREAST

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For breast cancer, beneficiaries must have at least one inpatient or SNF claim, or two-Part B (institutional or non-institutional) claims that are at least one day apart with a breast cancer code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CANCER_BREAST_EVER

LABEL: Date that beneficiary first met claims criteria for female/male breast cancer indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) breast cancer (female or male) indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: CNCRBRSE

LONG NAME: CANCER_BREAST_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

CANCER_BREAST_MID

LABEL: Breast Cancer Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for breast cancer (female or male) on July 1 of the specified reference period.

SHORT NAME: CNCRBRSM

LONG NAME: CANCER_BREAST_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For breast cancer, beneficiaries must have at least one inpatient or SNF claim, or two-Part B (institutional or non-institutional) claims that are at least one day apart with a breast cancer code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CANCER_COLORECTAL_EVER

LABEL: Date that beneficiary first met claims criteria for the colorectal cancer indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) colorectal cancer indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: CNCRCLRE

LONG NAME: CANCER_COLORECTAL_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

CANCER_COLORECTAL_MID

LABEL: Colorectal Cancer Mid-Year Indicator

DESCRIPTION: This variable indicates whether the beneficiary met the Chronic Condition Warehouse (CCW) criteria on July 1 of the specified reference period.

SHORT NAME: CNCRCLRM

LONG NAME: CANCER_COLORECTAL_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For colorectal cancer, beneficiaries must have at least one inpatient or SNF claim, or two-Part B (institutional or non-institutional) claims at least one day apart, with a colorectal cancer code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CANCER_ENDOMETRIAL

LABEL: Endometrial Cancer End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for endometrial cancer as of the end of the calendar year.

SHORT NAME: CNCRENDM

LONG NAME: CANCER_ENDOMETRIAL

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For endometrial cancer, beneficiaries must have at least one inpatient or SNF claim, or two-Part B (institutional or non-institutional) claims that are at least one day apart, with an endometrial cancer code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CANCER_ENDOMETRIAL_EVER

LABEL: Date that beneficiary first met claims criteria for the endometrial cancer indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) endometrial cancer indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: CNCENDME

LONG NAME: CANCER_ENDOMETRIAL_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

CANCER_ENDOMETRIAL_MID

LABEL: Endometrial Cancer Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for endometrial cancer on July 1 of the specified reference period.

SHORT NAME: CNCENDMM

LONG NAME: CANCER_ENDOMETRIAL_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For endometrial cancer, beneficiaries must have at least one inpatient or SNF claim, or two-Part B (institutional or non-institutional) claims that are at least one day apart, with an endometrial cancer code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CANCER_LUNG

LABEL: Lung Cancer End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for lung cancer as of the end of the calendar year.

SHORT NAME: CNCRLUNG

LONG NAME: CANCER_LUNG

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For lung cancer, beneficiaries must have at least one inpatient or SNF claim, or two-Part B (institutional or non-institutional) claims that are at least one day apart, with a lung cancer code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CANCER_LUNG_EVER

LABEL: Date that beneficiary first met claims criteria for the lung cancer indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) lung cancer indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: CNCRLNGE

LONG NAME: CANCER_LUNG_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

CANCER_LUNG_MID

LABEL: Lung Cancer Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for lung cancer on July 1 of the specified reference period.

SHORT NAME: CNCRLNGM

LONG NAME: CANCER_LUNG_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES:
0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For lung cancer, beneficiaries must have at least one inpatient or SNF claim, or two-Part B (institutional or non-institutional) claims that are at least one day apart, with a lung cancer code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CANCER_PROSTATE

LABEL: Prostate Cancer End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for prostate cancer as of the end of the calendar year.

SHORT NAME: CNCRPRST

LONG NAME: CANCER_PROSTATE

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For prostate cancer, beneficiaries must have at least one inpatient or SNF claim, or two-Part B (institutional or non-institutional) claims that are at least one day apart, with a prostate cancer code, on any diagnosis, within the last year. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CANCER_PROSTATE_EVER

LABEL: Date that beneficiary first met claims criteria for the prostate cancer indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) prostate cancer indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: CNCRPRSE

LONG NAME: CANCER_PROSTATE_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

CANCER_PROSTATE_MID

LABEL: Prostate Cancer Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for prostate cancer on July 1 of the specified reference period.

SHORT NAME: CNCRPRSM

LONG NAME: CANCER_PROSTATE_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For prostate cancer, beneficiaries must have at least one inpatient or SNF claim, or two-Part B (institutional or non-institutional) claims that are at least one day apart, with a prostate cancer code, on any diagnosis, within the last year. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CATARACT

LABEL: Cataract End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for a cataract as of the end of the calendar year.

SHORT NAME: CATARACT

LONG NAME: CATARACT

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For a cataract, beneficiaries must have at least one Part B (institutional or non-institutional) claim with a cataract code in the principal position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

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CATARACT_EVER

LABEL: Date that beneficiary first met claims criteria for the cataract indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) cataract indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: CATARCTE

LONG NAME: CATARACT_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

CATARACT_MID

LABEL: Cataract Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for a cataract on July 1 of the specified reference period.

SHORT NAME: CATARCTM

LONG NAME: CATARACT_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For a cataract, beneficiaries must have at least one Part B (institutional or non-institutional) claim with a cataract code in the principal position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

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CHF

LABEL: Heart Failure End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for congestive heart failure (CHF) as of the end of the calendar year.

SHORT NAME: CHF

LONG NAME: CHF

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For congestive heart failure, beneficiaries must have at least one inpatient or Part B (institutional or non-institutional) claim with a heart failure code in any position during the two-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CHF_EVER

LABEL: Date that beneficiary first met claims criteria for the congestive heart failure indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) congestive heart failure indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: CHFE

LONG NAME: CHF_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

CHF_MID

LABEL: Heart Failure Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for congestive heart failure (CHF) on July 1 of the specified reference period.

SHORT NAME: CHFM

LONG NAME: CHF_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For congestive heart failure, beneficiaries must have at least one inpatient or Part B (institutional or non-institutional) claim with a heart failure code in any position during the two-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CHRONICKIDNEY

LABEL: Chronic Kidney Disease End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for chronic kidney disease (CKD) as of the end of the calendar year.

SHORT NAME: CHRNKIDN

LONG NAME: CHRONICKIDNEY

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For chronic kidney disease, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims with a chronic kidney disease code in any position during the two-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CHRONICKIDNEY_EVER

LABEL: Date that beneficiary first met claims criteria for the chronic kidney disease indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) chronic kidney disease indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: CHRNKDNE

LONG NAME: CHRONICKIDNEY_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

CHRONICKIDNEY_MID

LABEL: Chronic Kidney Disease Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for chronic kidney disease (CKD) on July 1 of the specified reference period.

SHORT NAME: CHRNKDNM

LONG NAME: CHRONICKIDNEY_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For chronic kidney disease, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims with a chronic kidney disease code in any position during the two-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

CNCRCLRC

LABEL: Colorectal Cancer End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for colorectal cancer as of the end of the calendar year.

SHORT NAME: CNCRCLRC

LONG NAME: CNCRCLRC

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES:
0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For colorectal cancer, beneficiaries must have at least one inpatient or SNF claim, or two-Part B (institutional or non-institutional) claims at least one day apart, with a colorectal cancer code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

COPD

LABEL: Chronic Obstructive Pulmonary Disease End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for chronic obstructive pulmonary disease (COPD) and bronchiectasis as of the end of the calendar year.

SHORT NAME: COPD

LONG NAME: COPD

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For COPD and bronchiectasis, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims with a COPD code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

COPD_EVER

LABEL: Date that beneficiary first met claims criteria for the COPD and bronchiectasis indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) chronic obstructive pulmonary disease (COPD) and bronchiectasis indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: COPDE

LONG NAME: COPD_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

COPD_MID

LABEL: Chronic Obstructive Pulmonary Disease Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for chronic obstructive pulmonary disease (COPD) and bronchiectasis on July 1 of the specified reference period.

SHORT NAME: COPDM

LONG NAME: COPD_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For COPD and bronchiectasis, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims with a COPD code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

DEPRESSION

LABEL: Depression End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for depression as of the end of the calendar year.

SHORT NAME: DEPRESSN

LONG NAME: DEPRESSION

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For depression, beneficiaries must have at least one inpatient, SNF, home health, or Part B (institutional or non-institutional) claim with a depression code in any position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

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DEPRESSION_EVER

LABEL: Date that beneficiary first met claims criteria for the depression indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) depression indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: DEPRSSNE

LONG NAME: DEPRESSION_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

DEPRESSION_MID

LABEL: Depression Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for depression on July 1 of the specified reference period.

SHORT NAME: DEPRSSNM

LONG NAME: DEPRESSION_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For depression, beneficiaries must have at least one inpatient, SNF, home health, or Part B (institutional or non-institutional) claim with a depression code in any position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

DIABETES

LABEL: Diabetes End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for diabetes as of the end of the calendar year.

SHORT NAME: DIABETES

LONG NAME: DIABETES

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For depression, beneficiaries must have at least one inpatient, SNF, home health, or Part B (institutional or non-institutional) claim with a depression code in any position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

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DIABETES_EVER

LABEL: Date that beneficiary first met claims criteria for the diabetes indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) diabetes indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: DIABTESE

LONG NAME: DIABETES_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

DIABETES_MID

LABEL: Diabetes Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for diabetes on July 1 of the specified reference period.

SHORT NAME: DIABTESM

LONG NAME: DIABETES_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For depression, beneficiaries must have at least one inpatient, SNF, home health, or Part B (institutional or non-institutional) claim with a depression code in any position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

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.

GLAUCOMA

LABEL: Glaucoma End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for glaucoma as of the end of the calendar year.

SHORT NAME: GLAUCOMA

LONG NAME: GLAUCOMA

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For depression, beneficiaries must have at least one inpatient, SNF, home health, or Part B (institutional or non-institutional) claim with a depression code in any position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

GLAUCOMA_EVER

LABEL: Date that beneficiary first met claims criteria for the glaucoma indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) glaucoma indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: GLAUCMAE

LONG NAME: GLAUCOMA_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

GLAUCOMA_MID

LABEL: Glaucoma Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for glaucoma on July 1 of the specified reference period.

SHORT NAME: GLAUCMAM

LONG NAME: GLAUCOMA_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For glaucoma, beneficiaries must have at least one Part B non-institutional claim with a glaucoma code in the principal position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

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HIP_FRACTURE

LABEL: Hip/Pelvic Fracture End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for a hip/pelvic fracture as of the end of the calendar year.

SHORT NAME: HIPFRAC

LONG NAME: HIP_FRACTURE

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For hip/pelvic fractures, beneficiaries must have at least one inpatient or SNF claim with a hip/pelvic fracture code in any position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

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HIP_FRACTURE_EVER

LABEL: Date that beneficiary first met claims criteria for the hip/pelvic fracture indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) hip/pelvic fracture indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: HIPFRACE

LONG NAME: HIP_FRACTURE_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

HIP_FRACTURE_MID

LABEL: Hip/Pelvic Fracture Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for a hip/pelvic fracture on July 1 of the specified reference period.

SHORT NAME: HIPFRACM

LONG NAME: HIP_FRACTURE_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For hip/pelvic fractures, beneficiaries must have at least one inpatient or SNF claim with a hip/pelvic fracture code in any position during the one-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

HYPERL

LABEL: Hyperlipidemia End Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for hyperlipidemia as of the end of the calendar year.

SHORT NAME: HYPERL

LONG NAME: HYPERL

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For hyperlipidemia, beneficiaries must have at least one inpatient, SNF, or home health claim, or two Part B (institutional or non-institutional) claims, with a hyperlipidemia code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

HYPERL_EVER

LABEL: Date that beneficiary first met claims criteria for the hyperlipidemia indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) hyperlipidemia indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: HYPERL_EVER

LONG NAME: HYPERL_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

HYPERL_MID

LABEL: Hyperlipidemia Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for hyperlipidemia on July 1 of the specified reference period.

SHORT NAME: HYPERL_MID

LONG NAME: HYPERL_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For hyperlipidemia, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims, with a hyperlipidemia code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

HYPERP

LABEL: Benign Prostatic Hyperplasia End Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for benign prostatic hyperplasia as of the end of the calendar year.

SHORT NAME: HYPERP

LONG NAME: HYPERP

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
                    1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
                    2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
                    3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For benign prostatic hyperplasia, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims, with a benign prostatic hyperplasia code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

HYPERP_EVER

LABEL: Date that beneficiary first met claims criteria for the benign prostatic hyperplasia indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) benign prostatic hyperplasia indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: HYPERP_EVER

LONG NAME: HYPERP_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

HYPERP_MID

LABEL: Benign Prostatic Hyperplasia Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for benign prostatic hyperplasia on July 1 of the specified reference period.

SHORT NAME: HYPERP_MID

LONG NAME: HYPERP_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For benign prostatic hyperplasia, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims, with a benign prostatic hyperplasia code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

HYPERT

LABEL: Hypertension End Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for hypertension (high blood pressure) as of the end of the calendar year.

SHORT NAME: HYPERT

LONG NAME: HYPERT

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For hypertension, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims, with a hypertension code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

HYPERT_EVER

LABEL: Date that beneficiary first met claims criteria for the hypertension indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) hypertension (high blood pressure) indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: HYPERT_EVER

LONG NAME: HYPERT_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

HYPERT_MID

LABEL: Hypertension Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for hypertension (high blood pressure) on July 1 of the specified reference period.

SHORT NAME: HYPERT_MID

LONG NAME: HYPERT_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For hypertension, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims, with a hypertension code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

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HYPOTH

LABEL: Acquired Hypothyroidism End Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for acquired hypothyroidism as of the end of the calendar year.

SHORT NAME: HYPOTH

LONG NAME: HYPOTH

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For acquired hypothyroidism, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims with an acquired hypothyroidism code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

HYPOTH_EVER

LABEL: Date that beneficiary first met claims criteria for the acquired hypothyroidism indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) acquired hypothyroidism indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: HYPOTH_EVER

LONG NAME: HYPOTH_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

HYPOTH_MID

LABEL: Acquired Hypothyroidism Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for acquired hypothyroidism on July 1 of the specified reference period.

SHORT NAME: HYPOTH_MID

LONG NAME: HYPOTH_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For acquired hypothyroidism, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims with an acquired hypothyroidism code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

ISCHEMICHEART

LABEL: Ischemic Heart Disease End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for ischemic heart disease (IHD) as of the end of the calendar year.

SHORT NAME: ISCHMCHT

LONG NAME: ISCHEMICHEART

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For ischemic heart disease, beneficiaries must have at least one inpatient, SNF, home health, or Part B (institutional or non-institutional) claim with an ischemic heart disease code in any position during the two-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

ISCHEMICHEART_EVER

LABEL: Date that beneficiary first met claims criteria for the ischemic heart disease indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) ischemic heart disease (IHD) indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: ISCHMCHE

LONG NAME: ISCHEMICHEART_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

ISCHEMICHEART_MID

LABEL: Ischemic Heart Disease Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for ischemic heart disease (IHD) on July 1 of the specified reference period.

SHORT NAME: ISCHMCHM

LONG NAME: ISCHEMICHEART_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For ischemic heart disease, beneficiaries must have at least one inpatient, SNF, home health, or Part B (institutional or non-institutional) claim with an ischemic heart disease code in any position during the two-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

OSTEOPOROSIS

LABEL: Osteoporosis End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for osteoporosis as of the end of the calendar year.

SHORT NAME: OSTEOPRS

LONG NAME: OSTEOPOROSIS

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For osteoporosis, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims, with an osteoporosis code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

OSTEOPOROSIS_EVER

LABEL: Date that beneficiary first met claims criteria for the osteoporosis indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) osteoporosis indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: OSTEOPRE

LONG NAME: OSTEOPOROSIS_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

OSTEOPOROSIS_MID

LABEL: Osteoporosis Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for osteoporosis on July 1 of the specified reference period.

SHORT NAME: OSTEOPRM

LONG NAME: OSTEOPOROSIS_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For osteoporosis, beneficiaries must have at least one inpatient, SNF, or home health claim, or two-Part B (institutional or non-institutional) claims, with an osteoporosis code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

RA_OA

LABEL: Rheumatoid Arthritis / Osteoarthritis End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for rheumatoid arthritis/osteoarthritis as of the end of the calendar year.

SHORT NAME: RA_OA

LONG NAME: RA_OA

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For rheumatoid arthritis/osteoarthritis, beneficiaries must have at least two inpatient, SNF, home health, or Part B (institutional or non-institutional) claims that are at least one day apart with a rheumatoid arthritis/osteoarthritis code in any position during the two-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

RA_OA_EVER

LABEL: Date that beneficiary first met claims criteria for the rheumatoid arthritis/osteoarthritis indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) rheumatoid arthritis/osteoarthritis indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: RA_OA_E

LONG NAME: RA_OA_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

RA_OA_MID

LABEL: Rheumatoid Arthritis / Osteoarthritis Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for rheumatoid arthritis/osteoarthritis on July 1 of the specified reference period.

SHORT NAME: RA_OA_M

LONG NAME: RA_OA_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For rheumatoid arthritis/osteoarthritis, beneficiaries must have at least two inpatient, SNF, home health, or Part B (institutional or non-institutional) claims that are at least one day apart with a rheumatoid arthritis/osteoarthritis code in any position during the two-year reference period.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

STROKE_TIA

LABEL: Stroke / Transient Ischemic Attack End-of-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for stroke / transient ischemic attack (TIA) as of the end of the calendar year.

SHORT NAME: STRKETIA

LONG NAME: STROKE_TIA

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For stroke/TIA, beneficiaries must have at least one inpatient claim or two-Part B (institutional or non-institutional) claims with a stroke/TIA code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories

STROKE_TIA_EVER

LABEL: Date that beneficiary first met claims criteria for the stroke indicator

DESCRIPTION: This variable shows the date when the beneficiary first met the criteria for the Chronic Condition Warehouse (CCW) stroke / transient ischemic attack (TIA) indicator. The variable will be blank for beneficiaries that have never had the condition.

SHORT NAME: STRKTIAE

LONG NAME: STROKE_TIA_EVER

TYPE: DATE

LENGTH: 8

SOURCE: CCW (derived)

VALUES: —

COMMENT: The earliest possible date for anyone in the CCW is January 1, 1999. If the beneficiary became eligible for Medicare after that, the earliest possible date will be some time after his/her coverage start date (i.e., the COVSTART variable in the Beneficiary File).

STROKE_TIA_MID

LABEL: Stroke / Transient Ischemic Attack Mid-Year Indicator

DESCRIPTION: This variable indicates whether a beneficiary met the Chronic Condition Warehouse (CCW) criteria for stroke / transient ischemic attack (TIA).

SHORT NAME: STRKTIAM

LONG NAME: STROKE_TIA_MID

TYPE: NUM

LENGTH: 1

SOURCE: CCW (derived)

VALUES: 0 = Beneficiary did not meet claims criteria or have sufficient fee-for-service (FFS) coverage
1 = Beneficiary met claims criteria but did not have sufficient FFS coverage
2 = Beneficiary did not meet claims criteria but had sufficient FFS coverage
3 = Beneficiary met claims criteria and had sufficient FFS coverage

COMMENT: The CCW's chronic condition flags require beneficiaries to satisfy both claims criteria (a minimum number/type of claims that have the proper diagnosis codes and occurred within a specified time period) and coverage criteria (FFS Part A and Part B coverage during the entire specified time period).

For stroke/TIA, beneficiaries must have at least one inpatient claim or two-Part B (institutional or non-institutional) claims with a stroke/TIA code in any position during the one-year reference period. When two claims are required, they must occur at least one day apart.

The CCW's criteria were developed after reviewing validated algorithms from the research literature and criteria used by other federal data sources. You can find more detailed information on the criteria on the CCW website: https://www.ccwdata.org/web/guest/condition-categories