

>> Kyoungrae just got done talking about the pharm--excuse me, the plan characteristics file and then I'm also going to now talk about the pharmacy and prescriber characteristics files. So, I'm going to talk about the fact that an encrypted provider/pharmacy and prescriber identifiers are not released. We've talked about that. So that's why these characteristic files have been created so you can get some additional information in length via the encrypted variables.

So just know that if you have a data source such as an NPI in the carrier file that you want to link to, it will not be possible to go from the Part D data to the carrier data to link up who was the prescriber of this script. And then also, the CCW will provide you some information regarding in the prescriber and pharmacy. The primary source of data that CCW uses for the prescriber file is from the National Council for Prescription Drug Programs, their prescriber database. So, it's a little bit of a different source than like the NPI comes from. So just know that it is a different data source. It doesn't fall necessarily where CMS gets its NPI information. And so, instead of a specialty code for a specialty that uses a taxonomy code, that is assigned by the National Claims Committee and UCC. The source for the CCW pharmacy characteristics file, again, they take an end of the year snapshot of the NCPDP data--pharmacy database file. Again, this has information about the pharmacies and CCW has obtained permission from the NCPDP to release certain information for research purposes.

So, talking about the encrypted identifiers that will be in your data file, please note that, again, you know, the Part D data was fairly when it--anytime you have a new file, there's always changes that come in subsequent years and the same is true for the identifiers regarding the provider and the prescriber. So when it first came out, there were four variables to identify the pharmacy or sometimes what I refer to as the provider in this case and then the prescriber. There was a service identifier ID and a service provider ID qualifier, and then for those two or for the pharmacy, and then a prescriber ID and a prescriber ID qualifier. However, by the end of 2010, when CCW created these pharmacy characteristic and prescriber files, they did it back to 2006. But when they first came out, they just had those two. But when they created it back for these other characteristics files 'cause it did take some time to secure the data and get them created, they created two new encrypted identifiers. So instead of the provider ID, that was encrypted, that was what was actually submitted by the pharmacy and by the prescriber. So in other words, like the BENE ID, they'll just take the HIC and then encrypt it. And that's what they did in the earlier years with the pharmacy ID and with the prescriber ID. They took the true one and just encrypted it.

Now, they create a CCW pharmacy ID and CCW prescriber ID which is a whole new system that is solely created by them to identify these pharmacies and the prescribers. So, both of these new CCW IDs are different than those previous provider and prescriber IDs. So be aware of that that if you're ever going to reuse data or get this, it's not a problem now when you get new data 'cause it populated it back. But if you're having to be reusing other data, understand what the encrypted IDs are that you have to be sure that you link. And also note that if you need it, you can request a

crosswalk file that goes from these old provider and prescriber IDs to the new CCW pharmacy and character--prescriber--CCW prescriber IDs. So, you can still crosswalk if you do have those old ones but just be aware that you may need that. What they will do is give you a crosswalk file that contains the PDE ID which is just that kind of like that claim ID, the BENE ID, the service date and then the new prescriber and pharmacy IDs that were created by CCW linking back to old PDE prescriber code format.

I'm going to start with the pharmacy characteristics file and why you might want to use this file. It is useful to determine the type of dispenser. In other words, it, you know, was this mail-order was that it chain that type of information. State location of dispenser, you know, that's a pretty high geographic area, but if you want to know that. And it does have some information a relationship to a parent organization. So if this is a pharmacy that's in a chain, it will tell you like how many other pharmacies that it's related to. But again, because this is a new file, they have kind of sometimes added variables, changed the format, so on and so forth. So always be aware of what year you want because it may not be consistent from year to year as to the format and what is in the file.

So talking about some specific variables within the pharmacy characteristic file, the dispenser class code is self-designated, so it's not related to taxonomy codes. So this is just what the pharmacy designated themselves. But just to let you know, most of the pharmacies classified themselves as either a chain or an independent pharmacy. But there is another variable that talks about the primary dispenser type. This is based on taxonomy codes. So you have what the pharmacy says self-reported as well as specific taxonomy codes that the data source has that the pharmacy data source that they are using has link to taxonomy codes. And then this will further kind of delineate whether it's a community, a retail pharmacy, a long-term care pharmacy, and mail-order pharmacy. Community retail, long-term and mail-order are the top three types of pharmacies identified.

I will say for people who are interested in whether or not a beneficiary is in a nursing home, sometimes getting this pharmacy characteristics file can be helpful because most often there's a--bills are billed through a long-term care pharmacy within the nursing home itself. So that's one way of potentially identifying those that are in a nursing facility.

You can use this specific taxonomy code. If you want, they do list it. But it basically links, you know, and identifies the same as what is already in the file. Regarding that relationship information variable that I discussed, there's actually four variables that are related to it. There is the relationship ID, a relation from and through date, and then a relationship type. So you can know not only what kind of relationship they have but the time period that they were involved with each other. It is still an encrypted variable but it does allow you to group chain pharmacies under a parent organization. And again, it does have the beginning and end date of the relationship. It is encrypted across all the files, all the year--excuse me, all the year is the same. Unfortunately, you can't identify the parent organization but you can know that all these pharmacies are together. Most of them, again, the relationship type identifies them

has a chain or a franchise because those are the types of pharmacies that typically have relationships with each other. If it's blank, that provider did not list it. Now, that doesn't mean that they don't have one. It, again, just is not in the pharmacy database where they source their data from.

This is an example of what you might find. So I looked at the relationship type of 02. This is a franchise type. And then for this franchise, you'll find the relationship ID and then how many had pharmacies within that same relationship ID. So people who have the same relationship ID are somehow connected. It just means that--so that pharmacy that was listed, this would be their parent organization and this parent organization had 591 other pharmacies related to it within the file.

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It could be Walgreens. It could be Walmart. It could be, you know, Snyders Drugs. That's the problem. You just know that there is a relationship but you don't know who it is. It's based on--it's typically based on, you know, they say that they're involved in. Now, I will say, oftentimes, they seem to be regional when you look at where these pharmacies are located, so--because you would think there's a lot more than 591 Walgreens in the world. So they sometimes do tend to be regional but you really--because you don't know what the name of this parent organization is, it's really hard to tell other than going to the state location of the pharmacy to see, "OK, this region definitely says they're all related to this parent organization."

The question was can the pharmacy characteristics be linked to the beneficiary summary file? There's no identifier in the beneficiary summary file that relates to a pharmacy. Now, you can link, you know, the PDE for that beneficiary to that if you want more detailed information about where the BENE is located, and potentially look at that kind of relationship if you lower to your geographic regions that this BENE is related to this ID and they live in this ZIP code area. But there's--these pharmacy IDs are only related to the PDE file itself.

OK, so then moving on to the prescriber characteristic files. It also has a number of variables. I will say, in my opinion, it really only has about three useful variables. But for those that are very interested in knowing the specialty of the prescriber, this is really the only place you can get that information. And that is going to be the most useful variable within this file itself because you're only other choice, because you cannot link to Part D, is maybe look at proximity of time. But if someone's been getting refill after refill, it's very difficult to determine who the prescriber was from a Part B file versus who they are from the prescriber characteristics file. So if knowing the type of specialty, is it a general internist or is it a urolo--excuse me, I'm going to go to psychiatrist. But anyway, if you want to know their specialty, this is the file really that you would need to get. So unlike though the specialty code that is found in the Part B, the carrier file which like has CMS's specialty kind

of taxonomy codes, this actually has a different taxonomy code.

And as you can see, this is an example of what it looks like. These are the top kind of specialties that were listed in the file, in the PDE data, family medicine, internal medicine, cardiovascular disease, psychiatry. They do have quite a number of specialties. But keep in mind, again, it depends on what that prescriber submitted to the original data source. So, you never quite know sometimes if it goes down to that next level if they are a specialist--specialty, if they have more specific like cardiovascular disease, you don't really know. Is that a--does that mean cardiology--cardiologist? So, just be aware that this is the taxonomy codes that are available but it can get some information.

So, bottom line is it really is the only though. If you really are interested in specialty, you would need this file. Another variable that maybe can give you some information are the credentials. There's actually five credentials that people can list but only the credential number one is well populated. Beyond that, it's pretty well blank. But examples of credentials are MDs, DOs, PAs and NPs. So if you're interested knowing, you know, are NPs or PAs prescribing this, you would be able to use this information.

And again, if you really want to know more about these taxonomy codes, you can go to the NUCC to learn what all the codes are and how they're designated. But as far as information of how it gets collected, I don't know.