

CMS Denominator File - CCW Version (June 2009)

If associated CCW data is read into a SAS version 6.x environment, the "SHORT NAMES" will be displayed in the output file.

If associated CCW data is read into a SAS version 8.x environment, the "LONG NAMES" will be displayed in the output file.

NAME	TYPE	LENGTH
1. Encrypted 723 Beneficiary ID	CHAR	15

A unique CCW beneficiary identifier field (BENE_ID) that is specific to the Chronic Condition Warehouse. This field is encrypted prior to delivery to researchers. The BENE_ID field is used to cross-reference data for each beneficiary across all claim and assessment data files.

SHORT NAME: BENE_ID
LONG NAME: CMS_BENE_ID

SOURCE: CCW

NAME	TYPE	LENGTH
2. State Code	CHAR	2

The SSA state code of residence of a beneficiary is obtained from a beneficiary's mailing address that is used for remittance of cash benefits or from a beneficiary's mailing address that is used for other purposes (e.g. premium billing mailings).

This information is maintained from change of address notices sent in by the beneficiaries, and is appended to the record at time of processing in central office. The coding system is the SSA system, not the Federal Information Processing Standard (FIPS).

SHORT NAME: STATE_CD
LONG NAME: SSA_STATE_CD

SOURCE: SSA and RRB beneficiary record systems. For RRB beneficiaries, the state is coded in SSA based on mailing address.

LIMITATIONS: In some cases, the code may not be the actual state of residence (for example, if the beneficiary has a representative payee).

NAME	TYPE	LENGTH
3. County Code	CHAR	3

The SSA county code of residence of a beneficiary is obtained from a beneficiary's mailing address that is used for remittance of cash benefits or from a beneficiary's mailing address that is used for other purposes (e.g. premium billing mailings). Each state has a series of codes beginning with '000' for each county within that state. Certain cities within that state have their own code. County codes must be combined with state codes in order to locate the specific county. The coding system is the SSA system, not the Federal Information Processing System (FIPS).

SHORT NAME: CNTY_CD
LONG NAME: SSA_CNTY_CD

EDIT-RULES: NUMERIC

SOURCE: 'GEOGRAPHIC CODE MANUAL FOR STATE AND COUNTY OF RESIDENCE' PRODUCED BY THE SSA.

LIMITATIONS: SOME CODES MAY BE INVALID, UNKNOWN, OR '999'. (DIFFERENT FROM FIPS)

NAME	TYPE	LENGTH
4. Zip Code	CHAR	9

The zip code of the mail address where the beneficiary may be contacted. For beneficiaries with representative payee, this value may differ from the actual address of the beneficiary.

SHORT NAME: BENE_ZIP
LONG NAME: MLG_ZIP_CD

EDIT-RULES:
9-DIGIT ZIP
5-DIGIT ZIP - ZERO BACK FILLED
3-DIGIT ZIP - ALL NINES
NO ZIP - ALL ZEROS

COMMENT:

CODES IDENTIFY POSTAL SERVICE AREAS WITHIN THE U.S.A. BUT DO NOT NECESSARILY ADHERE TO BOUNDARIES OF CITIES, COUNTIES, STATES, OR OTHER JURISDICTIONS. THE CODE IS APPENDED TO THE RECORD AT TIME OF PROCESSING IN CENTRAL OFFICE. THE FIRST THREE POSITIONS OF THE ZIP CODE REPRESENT A PARTICULAR SECTIONAL POSTAL CENTER OR A METROPOLITAN CITY. THE FOLLOWING TWO DIGITS REPRESENT THE ASSOCIATED POST OFFICE SERVED BY THE POSTAL CENTER OR THE DELIVERY AREA SERVED BY THE POSTAL STATION.

SOURCE: EDB

LIMITATIONS: ZIP CODE MAY NOT CORRESPOND WITH STATE OF RESIDENCE.

NAME	TYPE	LENGTH
5. Date of Birth	DATE	8

Beneficiary's date of birth

SHORT NAME: BENE_DOB

LONG NAME: BIRTH_DT

EDIT-RULES: YYYYMMDD

SOURCE: SSA AND RRB BENEFICIARY RECORD SYSTEMS

NAME	TYPE	LENGTH
6. Sex	CHAR	1

Indicates the sex of the beneficiary.

SHORT NAME: SEX

LONG NAME: BENE_SEX_IDENT_CD

CODES:

0 = UNKNOWN

1 = MALE

2 = FEMALE

NAME	TYPE	LENGTH
7. Beneficiary Race Code	CHAR	1

The race Of a beneficiary.

SHORT NAME: RACE
LONG NAME: BENE_RACE_CD

CODES:
0 = UNKNOWN
1 = WHITE
2 = BLACK
3 = OTHER
4 = ASIAN
5 = HISPANIC
6 = NORTH AMERICAN NATIVE

SOURCE: SSA

NAME	TYPE	LENGTH
8. Age	NUM	3

Chronological age of the beneficiary at the end of the year preceding the reference year of the Denominator File

SHORT NAME: AGE
LONG NAME: AGE_NUM

CODES:
MAXIMUM AGE IS 115

NAME	TYPE	LENGTH
9. Original Reason for Entitlement Code	CHAR	1

Reason for the beneficiary's original entitlement to Medicare Benefits (that is, when the beneficiary first enrolled in the Medicare program)

SHORT NAME: OREC
LONG NAME: ORGNL_RSN_FOR_ENTLMT_CD

CODES:
0 = OLD AGE AND SURVIVORS INSURANCE (OASI)
1 = DISABILITY INSURANCE BENEFITS (DIB)
2 = ESRD
3 = BOTH DIB AND ESRD

SOURCE:
SSA AND RRB BENEFICIARY RECORD SYSTEMS

NAME	TYPE	LENGTH
10. Current Reason for Entitlement Code	CHAR	1

Reason for the beneficiary's current entitlement to Medicare benefits (that is, March of the year after the reference year)

SHORT NAME: CREC
LONG NAME: CRNT_RSN_FOR_ENTLMT_CD

CODES:
0 = OLD AGE AND SURVIVOR'S INSURANCE (OASI)
1 = DISABILITY INSURANCE BENEFITS (DIB)
2 = ESRD
3 = DIB AND ESRD

SOURCE: ENROLLMENT DATA BASE

NAME	TYPE	LENGTH
11. ESRD Indicator	CHAR	1

Indicates if a beneficiary was recorded as having ESRD during the reference year.

SHORT NAME: ESRD_IND
LONG NAME: ESRD_SW

CODES: EFFECTIVE 1992
Y = THE BENEFICIARY HAS ESRD
0 = THE BENEFICIARY DOES NOT HAVE ESRD

NAME	TYPE	LENGTH
12. Medicare Status Code	CHAR	2

Status of the beneficiary's entitlement to Medicare benefits as of the update of the UEDB used to create the Denominator File (March of the year after the reference year).

SHORT NAME: MS_CD
LONG NAME: MDCR_STUS_CD

CODES:
10 = AGED WITHOUT ESRD
11 = AGED WITH ESRD
20 = DISABLED WITHOUT ESRD
21 = DISABLED WITH ESRD
31 = ESRD ONLY

SOURCE:

This field is coded from age, OREC (Original reason for entitlement), CREC (Current reason for entitlement), and ESRD Indicator contained in the enrollment data base at the central office at the date of processing.

NAME	TYPE	LENGTH
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13. Part A Termination Code	CHAR	1

Specifies the reason of the beneficiary's termination of entitlement to Medicare Part A benefits

SHORT NAME: A_TRM_CD
LONG NAME: BENE_PTA_TRMNTN_CD

CODES:

EFFECTIVE 1992
0 = NOT TERMINATED
1 = DEAD (with validated day of death)
2 = NON-PAYMENT OF PREMIUM
3 = VOLUNTARY WITHDRAWAL
9 = OTHER TERMINATION

SOURCE: ENROLLMENT DATA BASE

NAME	TYPE	LENGTH
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14. Part B Termination Code	CHAR	1

Specifies the reason of the beneficiary's termination of entitlement to Medicare Part B benefits

SHORT NAME: B_TRM_CD
LONG NAME: PTB_TRMNTD_CD

CODES:

EFFECTIVE 1992
0 = NOT TERMINATED
1 = DEAD
2 = NON-PAYMENT OF PREMIUM
3 = VOLUNTARY WITHDRAWAL
9 = OTHER TERMINATION

SOURCE: ENROLLMENT DATA BASE

NAME	TYPE	LENGTH
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15. Medicare Entitlement/          CHAR          1
    Buy-in Indicator

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Indicates for each month of the denominator reference year, the entitlement of the beneficiary to Medicare Part A, Medicare Part B, or Medicare Parts A and B both, as well as whether or not the beneficiary's state of residence was liable and paid for the beneficiary's Medicare Part B monthly premiums

OCCURS: 12 TIMES

SHORT NAME: BUYIN01 - BUYIN12
LONG NAME: MDCR_ENTLMT_JAN_CD -
MDCR_ENTLMT_DEC_CD

CODES:
0 = NOT ENTITLED
1 = PART A ONLY
2 = PART B ONLY
3 = PART A AND PART B
A = PART A, STATE BUY-IN
B = PART B, STATE BUY-IN
C = PARTS A AND B, STATE BUY-IN

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                NAME                TYPE          LENGTH
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16. HMO INDICATOR                    CHAR          1

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CODE INDICATING BENEFICIARY HAS MEMBERSHIP IN HEALTH MAINTENANCE ORGANIZATION.

OCCURS: 12 TIMES

SHORT NAME: HMOIND01 - HMOIND12
LONG NAME: HMO_MBRSHP_JAN_CD -
HMO_MBRSHP_DEC_CD

CODES: EFFECTIVE 1992
0 = NOT A MEMBER OF HMO
1 = NON LOCK-IN, HCFA TO PROCESS PROVIDER CLAIMS
2 = NON LOCK-IN, GHO TO PROCESS IN-PLAN PART A AND IN-AREA PART B CLAIMS
4 = Fee-for-service participant in case or disease management demonstration project (effective 2005 forward)
A = LOCK-IN, HCFA TO PROCESS PROVIDER CLAIMS
B = LOCK-IN, GHO TO PROCESS IN-PLAN

PART A AND IN-AREA PART B CLAIMS
 C = LOCK-IN, GHO TO PROCESS ALL PROVIDER
 CLAIMS

CCW FIELD SOURCE AND DERIVATION:

RIC-H; Field Name: BENE_GHO_ENRLMT_STRT_DT,
 BENE_GHO_DISENRLMT_DT, and
 BENE_GHO_LKIN_PMT_OPTN_CD

Each byte of this field represents a month of the Beneficiary Summary reference year. For example, the first byte represents Beneficiary Summary reference year month January, the second byte represents Beneficiary Summary reference year month February, and so on until the twelfth byte, which represents Beneficiary Summary reference year month December. Each monthly indicator takes the value of one of the code set listed in the Beneficiary Summary File data dictionary.

If the beneficiary did not have recorded coverage during a given month of the Beneficiary Summary reference year, then that month is coded '0'.

NAME	TYPE	LENGTH
17. HI Coverage Count	CHAR	2

Contains the total number of months of Medicare Part A Coverage for the beneficiary. The value in this field will be within the valid range of values 00 through 12, inclusive, dependent on the number of occurrences when the Entitlement/Buy-In indicators = 1, 3, A or C

SHORT NAME: A_MO_CNT
 LONG NAME: HI_CVRG_MOS_NUM

NAME	TYPE	LENGTH
18. SMI Coverage Count	CHAR	2

Contains the total number of months of Medicare Part B Coverage for the beneficiary. The value in this field will be within the valid range of values 00 through 12, inclusive, dependent on the number of occurrences when the Entitlement/Buy-In indicators = 2, 3, B, or C

SHORT NAME: B_MO_CNT
 LONG NAME: SMI_CVRG_MOS_NUM

NAME	TYPE	LENGTH
19. HMO Coverage Count	CHAR	2

Contains the total number of months of HMO Coverage for the beneficiary. The value in this field will be within the valid range of values 00 through 12, inclusive, dependent on the number of occurrences when the HMO indicators = 1, 2, 4, A, B, or C.

SHORT NAME: HMO_MO
LONG NAME: HMO_CVRG_MOS_NUM

NAME	TYPE	LENGTH
20. State Buy-in Coverage Count	CHAR	2

Contains the total number of months of state buy-in coverage for the beneficiary. The value in this field will be within the valid range of values 00 through 12, inclusive, dependent on the number of occurrences when the Entitlement/Buy-In indicators = A, B or C

SHORT NAME: BUYIN_MO
LONG NAME: STATE_BUYIN_CVRG_MOS_NUM

NAME	TYPE	LENGTH
21. Valid Date of Death Switch	CHAR	2

V = Indicates that a beneficiary's day of death has been verified (by SSA or the RRB) as the exact day of the beneficiary becoming deceased.

SHORT NAME: V_DOD_SW
LONG NAME: VLD_DOD_SW

CODES:
V = VALID DEATH DATE
BLANK = DEFAULT

NAME	TYPE	LENGTH
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22. Date of Death	DATE	8
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Indicates the beneficiary's date of death.

SHORT NAME: DEATH_DT
LONG NAME: DOD_DT

EDIT-RULES: YYYYMMDD

Zeros = not applicable
If day of death is unknown, coded as
last day of month

NAME	TYPE	LENGTH

23. Beneficiary Enrollment Reference Year	NUM	2

The two digit reference year of the
Denominator File

SHORT NAME: RFRNC_YR
LONG NAME: ENRLMT_YR_NUM

EDIT-RULES: YY

NAME	TYPE	LENGTH

24. BENE_ID with more than one record	NUM	8

It has been noted that on rare occasions a
single BENE_ID can be listed more than once
in the CMS 100% Denominator File. The BENEDPSQ
number can be used in combination with the
BENE_ID to generate a unique key for all records
in the CMS 100% Denominator File.

The BENEDPSQ is 0 where there is only one record
for a BENE_ID. Where more than one record per
BENE_ID exists the value will be greater than 0.
This will serve as a flag for the instances where
there are multiple records for a single BENE_ID.
For example, when a BENE_ID has multiple records
this value will be 1 for the first record with
the same BENE_ID, 2 for the second record, etc.

NAME	TYPE	LENGTH

25. Unequated Beneficiary	CHAR	2

Identification Code (BIC)

This code specifies the type of beneficiary for cash payment programs and identifies the type of relationship between the individual and primary beneficiary when the individual is qualified under another's account. The BIC found in the beneficiary record in the March Unloaded EDB file, which is the input to the Denominator File processing. Must be equated for linking records across different systems or time frames at the beneficiary level.

SHORT NAME: CRNT_BIC
LONG NAME: CRNT_BIC_CD

	NAME	TYPE	LENGTH
26.	CMS 5% Sample Flag	CHAR	1

A flag indicating whether the beneficiary was included in the CMS 5% Denominator File for the reference year.

SHORT NAME: FIVEPCT
LONG NAME: FIVE_PERCENT_FLAG

CODES:
Y = Included in CMS 5% Denominator File
Null = Not included in CMS 5% Denominator File

	NAME	TYPE	LENGTH
27.	ENHANCED (CCW) 5% SAMPLE FLAG	CHAR	1

A flag indicating whether the beneficiary was included in the enhanced CCW 5% sample (i.e., once in, always in). This flag distinguishes between the beneficiaries that are part of the CMS annual 5% and those that are included as part of the ever-enrolled Chronic Condition Warehouse.

SHORT NAME: EFIVEPCT
LONG NAME: ENHANCED_FIVE_PERCENT_FLAG

CODES:
Y = Included in enhanced 5% sample
Null = Not included in enhanced 5% sample

PART D VARIABLES (ONLY INCLUDED WITH PART D DENOMINATOR FILE)

NAME	TYPE	LENGTH
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28. On/Off Creditable Coverage Switch	CHAR	1

Indicates for the Denominator reference year, the presence or absence of creditable coverage status.

- X = Enrolled in Medicare A and/or B, but no MIIR record for the year
- 0 = No instances of any creditable coverage status switch being "ON" at any point during that year
- 1 = For at least 1 month during the year, 1 out of 5 creditable coverage switches was "ON". Therefore, the beneficiary was enrolled in at least 1 of 5 creditable coverage categories (i.e., FEHB, Tricare, VA, SPAP, or working aged).

SHORT NAME: CRDCOVSW
LONG NAME: CRDTBL_CVRG_SW

NAME	TYPE	LENGTH
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29. Part D Plan Type Indicators	CHAR	1

Plan Indicator by Month Code - Indicates for each month of the Denominator reference year, the Part D enrollment, which is based on the 1st digit of the Part D Contract number.

OCCURS: 12 TIMES

Short name: PLNIND01 - PLNIND12
Long name: PLAN_IND_01 - PLAN_IND_12

- '0' = Not Medicare enrolled for the month
- 'X' = Enrolled in Medicare A and/or B, but no MIIR record for the month
- H = Managed Care Organizations other than Regional PPO
- R = Regional PPO

S = PDP
N = Not Part D Enrolled
E = Employer-sponsored (starting January 2007)

NAME	TYPE	LENGTH
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30. Cost Share Group	CHAR	2

Calculated field that describes a beneficiary's subsidy and/or copayment status.

OCCURS: 12 TIMES

SHORT NAME: CSTSHR01 - CSTSHR12
LONG NAME: CST_SHR_GRP_CD_01 -
CST_SHR_GRP_CD_12

CODES:

'00' = Not Medicare enrolled for the month
'XX' = Enrolled in Medicare A and/or B, but no MIIR record for the month

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

'01' = Bene is deemed with 100% premium-subsidy and no copayment
'02' = Bene is deemed with 100% premium-subsidy and low copayment
'03' = Bene is deemed with 100% premium-subsidy and high copayment
'04' = Bene with LIS, 100% premium-subsidy and high copayment
'05' = Bene with LIS, 100% premium-subsidy and 15% copayment
'06' = Bene with LIS, 75% premium-subsidy and 15% copayment
'07' = Bene with LIS, 50% premium-subsidy and 15% copayment
'08' = Bene with LIS, 25% premium-subsidy and 15% copayment
'09' = No premium subsidy nor cost sharing

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

'10' = Not enrolled in Part D, but employer is entitled for RDS subsidy
'11' = Bene with creditable coverage but no RDS
'12' = Not Part D enrolled. No RDS and no creditable coverage
'13' = None of the above conditions have been met

NAME	TYPE	LENGTH
31. Retiree Drug Subsidy Indicators	Char	1

Indicates for each month of the Denominator reference year, whether the employer should be subsidized for the beneficiary.

Occurs: 12 times

Short name: RDSIND01 - RDSIND12

Long name: RDS_IND_01 - RDS_IND_12

'0' = Not Medicare enrolled for the month

'X' = Enrolled in Medicare A and/or B, but no MIIR record for the month

Y = Employer subsidized for the retired beneficiary

N = No employer subsidization for the retired beneficiary

NAME	TYPE	LENGTH
32. State Reported Dual Eligible Status Code	CHAR	2

Indicates for each month of the Denominator reference year, the dual eligibility status, if any, for the beneficiary.

OCCURS: 12 TIMES

SHORT NAME: DUAL_01 - DUAL_12

LONG NAME: DUAL_STUS_CD_01 - DUAL_STUS_CD_12

CODES:

'00' = Not Medicare enrolled for the month

'XX' = Enrolled in Medicare A and/or B, but no MIIR record for the month

NA = Non-Medicaid

01 = QMB only

02 = QMB and Medicaid coverage including RX

03 = SLMB only

04 = SLMB and Medicaid coverage including RX

05 = QDWI

06 = Qualifying Individuals

08 = Other Dual Eligibles (Non-QMB, SLMB, QWDI, or QI) w/Medicaid coverage including RX

09 = Other Dual Eligibles but without Medicaid coverage

99 = Unknown

NAME	TYPE	LENGTH
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33. Part D Plan Coverage Num 2
 Months

Contains the total number of months of Part D plan coverage for the beneficiary. The value in this field will be within the valid range of values '00' through '12', inclusive, dependent on the number of occurrences when the Plan indicators = H, R, S, or E.

SHORT NAME: PLNCOVMO
 LONG NAME: PLAN_CVRG_MOS_NUM

NAME	TYPE	LENGTH
34. Retiree Drug Subsidy Months	Num	2

Contains the total number of months the employer is entitled to a retiree drug subsidy for the beneficiary. The value in this field will be within the valid range of values of '00' through '12' inclusive, dependent on the number of occurrences where the Retiree Drug Subsidy indicators = Y.

Short name: RDSCOVMO
 Long name: RDS_CVRG_MOS_NUM

NAME	TYPE	LENGTH
35. Medicaid Dual Eligible Months	Num	2

Contains the total number of months of dual eligibility for the beneficiary. The value in this field will be within the valid range of values '00' through '12', inclusive, dependent on the number of occurrences when the Medicaid Dual Eligible Indicators not equal to '^'.

SHORT NAME: DUAL_MO
 LONG NAME: DUAL_ELGBL_MOS_NUM

NAME	TYPE	LENGTH
36. Research Triangle Institute Race Code	CHAR	1

Enhanced race/ethnicity designation
based on first and last name algorithms.

SHORT NAME: RTI_RACE

LONG NAME: RTI_RACE_CD

'x' = Enrolled in Medicare A and/or B, but no MIIR record
found; unable to determine RTI Race Code

0 = Unknown

1 = Non-Hispanic White

2 = Black (or African American)

3 = Other

4 = Asian/Pacific Islander

5 = Hispanic

6 = American Indian/Alaska Native