Instructions for completing the State Specifications Worksheet

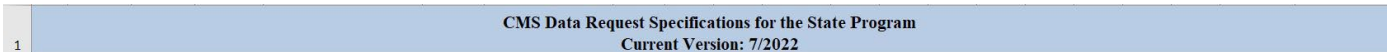
This document:

All Research Identifiable File (RIF) requests for **state** programs must include a completed State Specifications Worksheet. This form collects detailed Requester information, study/project data extract details, and shipping information. It also includes a Part D Event justification tab that is required for all requests that include Part D data.

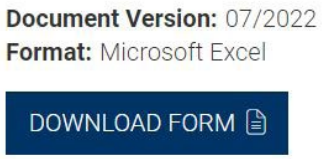
The Specifications Worksheet is used by the data distributor to confirm that the requested data are available and to generate a cost estimate or invoice. The Specifications Worksheet is the only place where the exact directions for completing the data extraction are found.

General Instructions

1. This is an Excel document with **2 tabs**.
2. Carefully watch row numbers and make sure that you start each tab at row 1.
3. Do not alter the layout or content of the document.
4. The contents of the Specification Worksheet must be consistent with the information contained in your RIF application. Carefully check to make sure the documents are aligned and let ResDAC know if you make changes to any document so they can help confirm that nothing else needs to be adjusted.
5. The version number can be found in row 1 of every tab. Before entering anything into the document, confirm that the version you are working with matches the current version listed on the ResDAC State Specifications Worksheet page.



Screenshot from the State Specifications Worksheet



Screenshot from the ResDAC website

Tabs

Tab 1: **Contact/Request Info -** This tab is always completed if you are requesting to receive RIF data.
Tab 2: **PDE Variables -** This tab is only completed if you selected Medicare Part D Event (pharmacy) data in the Contact/Request Info tab.

Contact | **resdac@umn.edu**

Specific Instructions: **Tab 1: Contact/Request Info**

This tab is always completed if you are requesting to receive RIF data.

Row 3: Enter the Requester name and organization. The Requester is the individual authorized to sign agreements on behalf of the requesting organization. This person is named on the Data Use Agreement (DUA) and Attachment A: RIF Application.

3	**Requester (Name/Org):**	

Rows 4-5: Do not enter any information. These fields are for ResDAC internal use.

4	**ResDAC Ticket ID:**		**Date:**	
5	**ResDAC TA:**			

Row 6: Enter the project/study name exactly as you entered it on the DUA and RIF application.

6	**Project/Study Name:**	

Rows 8-9: Check one box only. If you check the box in row 9 (Amendment to DUA), enter the DUA information in the second box on row 9.

8	**DUA Request:**		New DUA Request	
9			Amendment to DUA	*Enter DUA #*

Row 11: List the states you are requesting data for.

11	**State(s):**	

Rows 12+: Check the box in column C if you wish to receive this file. In columns H-S, check the boxes for the years of data you wish to receive. Mark column T if you are requesting the segment and/or column U if you wish to receive the 5% national sample. Do not include data already in your possession or data you are approved to access under your DUA.

				1. Select Files (X)	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Qtrly* 2021	3. Select Population (X) State Segment	5% National Sample
14				**Enrollment**														
15				Master Beneficiary Summary File A/B/C/D (MBSF)														
16				Master Beneficiary Summary File Chronic Conditions (MBSF)														
17				Master Beneficiary Summary File Cost & Use (MBSF)														
18				Master Beneficiary Summary File Other Conditions (MBSF)														
19				Plan Characteristics (PLANCF)														
20				**Medicare Claims**														
21				Inpatient (CCW-IP)														
22				Outpatient (CCWOP)														
23				SNF (CCWSNF)														
24				Hospice (CCWHS)														
25				Home Health (CCWHHA)														
26				Carrier (CCWCAR)														
27				DMERC (CCWDME)														
28				**Quarterly data is available on a six month lag. i.e. Q1 data is available in October of the same year.* **2021 claims are not considered fully mature and will continue to be updated for 13 months.*														

Contact | **resdac@umn.edu**

Specific Instructions: **Tab 1: Contact/Request Info (continued)**

Rows 60-61: Do not enter anything in this row. It is for internal use only.

60		Comments:
61		

Rows 62-65: Identify a project contact who will be responsible for answering questions about this request. CMS will not accept personal email addresses (e.g., gmail.com or hotmail.com).

62	Project Contact (person who will be responsible for answering questions about the data extract)	
63	Name:	
64	Organization:	
65	Business Email:	

Rows 66-71: Provide the contact information for the Data Recipient if they are different than the Data Custodian. The Data Custodian is the primary contact for the Data Management Plan Self-Attestation Questionnaire (DMP SAQ) and is identified on the DUA. CMS will only deliver data to a physical address and will not accept a PO box or foreign address. The Data Recipient must sign for the shipment.

66	Data Recipient (if different from the data custodian)				
67	Name:				
68	Organization:				
69	Street Address:				
70	City:		State:	Zip Code:	
71	Telephone:			Business Email:	

Rows 72-77: Provide the contact information for the Data Custodian. The Data Custodian is the primary contact for the Data Management Plan Self-Attestation Questionnaire (DMP SAQ). They are the individual that will be responsible for ensuring that the environment in which the CMS data is stored complies with all applicable CMS data security requirements, including the establishment and maintenance of security arrangements to prevent unauthorized use. This must match the name and contact information for the Data Custodian on the DUA.

72	Custodian (person who is primary contact for the Data Management Plan)				
73	Name:				
74	Organization:				
75	Street Address:				
76	City:		State:	Zip Code:	
77	Telephone:			Business Email:	

Row 78: Check this box if the data are to be shipped to the Data Recipient rather than the Data Custodian. By checking this box, the Requester acknowledges that the data is being shipped to an individual other than the Data Custodian and understands that the Data Recipient is aware that the data are being shipped to them and that the recipient accepts the responsibility to keep the data secure until they are delivered to the Data Custodian.

78	☐	I'm requesting that the data be sent to the data recipient named above.

Specific Instructions: **Tab 2: Contact/Request Info (continued)**

Rows 80-90: Encrypted drives must be shipped using a delivery service with tracking and signature release requirements. Researchers can either have CCW create a shipping label or supply one. It is the Data Custodian's responsibility to make sure this information is correct or delivery of data may be delayed. **Misplaced or mis-delivered data is considered a breach and requires reporting to CMS.**

Rows 81-83: If you wish for CCW to create the shipping label, enter the delivery service name in row 89 and a valid delivery service account number in row 90. Delivery services must have the ability to track shipments and require signature releases. Examples are FedEx, UPS or USPS. The delivery will be sent to the person you designated to receive the shipment (either a Data Recipient or the Data Custodian).

80	**Shipping:**		
81		**Shipping Information (Provide Shipping Information or Provide Prepaid Label)**	
82		Ship via Delivery Service: → Delivery Service Name:	
83		→ Delivery Account Number:	

Row 85: If you wish to supply a shipping label, check the box in row 85. The information on the label must match the information provided in rows 72-77 if shipping to the Data Custodian or rows 66-71 if shipping to a different Data Recipient.

85	Prepaid Label will be Provided:	☐

Rows 87-90: Enter any special instructions related to shipping.

87	**Special Shipping Instructions:**
88	
89	
90	

Rows 92-97: Check the box in rows 94-96 that describes the local operating system that will be used to decrypt and decompress the data.

92	**Operating System:**	
93	**Select the operating system that will be used to decrypt and decompress the SDA (*typically delivered on Windows NTFS formatted USB hard drive*).**	
94	Windows	☐
95	Red Hat Enterprise Linux 3.0 or above (x86 only)	☐
96	Solaris 8 or above (SPARC only)	☐
97	RIF data files will be delivered in a fixed column format with SAS programs (for SAS users) and FTS files (for non-SAS users).	

Specific Instructions: **Tab 2: PDE Variables Tab**

This tab is only completed if you selected Medicare Part D Event (pharmacy) data in the Contact/Request Info tab.

Row 3: Do not enter anything in this row. It will autofill from the Contact/Request Info tab. If corrections are needed, make them in row 3 of that tab.

3	**Requester Name/Organization:**

Rows 6-8: No edits are needed. These variables are automatically included in all PDE requests.

6			**General Variables**		
7	X *[Automatically included with PDE data]*	Encrypted Part D Event ID	Unique key for each Part D event	Not applicable	Needed to link to the Drug characteristics file
8	X *[Automatically included with PDE data]*	Encrypted CCW Beneficiary ID	Need for linking	Not applicable	Needed for linking to other files

Rows 9-49: For each Part D variable, mark in column A if you wish to receive the variable. Leave column A blank if you do not wish to receive the variable.

Enter in column C the reason you need the information. Be specific about how the variable will be used. If you are not requesting the variable, column C should be left blank. Enter in column D the risk to appropriate inference or ability to complete study aims that would come from not receiving the data. If you are not requesting the variable, column D should be left blank. You do not need to enter anything into column E.

	A	B	C	D	E
9		**Phase 1 and Demographic Variables**			
10		Patient Date of Birth (DOB)			Not edited - Recommend using Beneficiary Summary file
11		Patient Gender			Not edited - Recommend using Beneficiary Summary file
12		RX Service Date			
13		Quantity Dispensed			
14		Product/Service Identifier			
15		Days Supply			
16		Patient Pay Amount			
17		Gross Drug Cost (sum of Ingredient Cost Paid, Dispensing Fee Paid, Total Amount Attributed to Sales Tax)			
18		Patient Residence Code			New variable for 2013 PDE extracts and forward.
19		Submission Clarification Code			New variable for 2013 PDE extracts and forward.
20		Drug Coverage Status Code			
21		The Brand-Generic Code reported by submitting plan			New variable for 2012 PDE extracts and forward.
22		**Dispensing Variables**			
23		Compound Code			
24		Dispense as Written/Product Selection Code			
25		Dispensing Status Code			This field will be blank starting with January 2011 service dates.
26		Fill Number			**Limitations:** Fill Number is not edited across pharmacies. For example, Fill Number resets to 0 if a new pharmacy fills the prescription or if a "new" prescription for the same drug is filled more than once. This variable is supplied by the pharmacy.
27		Adjustment/Deletion Code			
28		Non-Standard Format Code			
29		RX Pricing Exception Code			
30		RX / Service Reference Number			
31		Pharmacy Service Type Code			New variable for 2013 PDE extracts and forward.
32		Prescription Origin Code			A code indicating the origin of the prescription.
33		**Payment Variables**			
34		Gross Drug Cost Below Out of-Pocket Threshold (GDCB)			
35		Gross Drug Cost Above Out-of-Pocket Threshold (GDCA)			
36		Other True Out-of-Pocket (TrOOP) Amount			
37		Low-Income Cost-Sharing Subsidy Amount (LICS)			
38		Patient Liability Reduction due to Other Payer Amount (PLRO)			
39		Covered D Plan Paid Amount (CPP)			
40		Non-covered Plan Paid Amount (NPP)			
41		Gap Discount Amount reported by the Submitting Plan			New variable for 2012 PDE extracts and forward.
42		Paid Date			
43		Catastrophic Coverage Code			Field is optional for PDEs w/ Jan 2011 Service Dates going forward.
44		Benefit Phase			
45		**UM variables (2006-2009 only)**			
46		Drug Tier			This variable is valid from 2006-2009. Starting in 2010, it is included in the formulary file.
47		Prior Authorization			This variable is valid from 2006-2009. Starting in 2010, it is included in the formulary file.
48		Quantity Limits			This variable is valid from 2006-2009. Starting in 2010, it is included in the formulary file.
49		Maximum Step Number			This variable is valid from 2006-2009. Starting in 2010, it is included in the formulary file.

Specific Instructions: **Tab 2: PDE Variables Tab (continued)**

Rows 50-57: No edits are needed. These variables are automatically included in all PDE requests.

50	**Identification / Characteristics Linkage Variables**				
51	X *[Automatically included with PDE data]*	CCW Pharmacy ID (2006-2013) / NCPDP ID (2014 →)	Need for linking	Not applicable	Needed to link to CCW Pharmacy characteristics file. Pharmacy linking variable switched from CCW Pharmacy ID to NCPDP ID in 2014.
52	X *[Automatically included with PDE data]*	Prescriber ID (unencrypted)	Need for linking	Not applicable	Prescriber identification variable newly released for 2013 and available historically to 2006. Delivered with Prescriber ID Qualifier Code.
53	X *[Automatically included with PDE data]*	Prescriber ID Qualifier Code	Need for linking	Not applicable	Prescriber identification variable newly released for 2013 and available historically to 2006. Delivered with Prescriber ID.
54	X *[Automatically included with PDE data]*	Formulary ID	Need for linking	Not applicable	ID assigned to each newly created formulary. Needed to link to the Formulary file
55	X *[Automatically included with PDE data]*	CCW Formulary RX ID	Need for linking	Not applicable	A CCW identifier for a drug product found in a Part D prescription drug plan formulary. Needed to link to the Formulary file
56	X *[Automatically included with PDE data]*	Plan Contract of Record ID	Need for linking	Not applicable	Needed to link to the Plan characteristics file
57	X *[Automatically included with PDE data]*	Plan Benefit Package of Record ID	Need for linking	Not applicable	Needed to link to the Plan characteristics file