

Documentation for the Part D Enrollment File
June 13, 2019

FILENAME 1: PTD.denom.txt

LRECL 1: 732

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
1	Patient ID (phic)	11	Master File	

Repeated Part D Denominator Information

These variables (columns 13-92) are repeated once for every year from 2007 to 2015.
(YY = the year of the file, ex. 07)

12	Research Triangle Institute Race Code (rtirace)	1	Part D Denom	<p>Occurs just once. Taken from the last available record in the Part D Denominator files.</p> <p>Enhanced race/ethnicity designation based on first and last name algorithms. 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</p>
13	On/Off Creditable Coverage Switch (credYY)	1	Part D Denom	<p>Indicates for the Denominator reference year, the presence or absence of creditable coverage status. * = 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 the 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).</p>

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
14	Plan-Value Indicators (Jan. – Dec.) (planYY_01- planYY_12)	12*1	Part D Denom	<p>12 monthly 1-byte indicators</p> <p>Indicates for each month of the Denominator reference year, the Part D enrollment, which is based on the 1st digit or the Part D contract number.</p> <p>Recodes only indicating type of plan; no 5-digit plan numbers. 0 = Not Medicare enrolled for the month * = 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 in Jan. 2007) X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)</p>
26	Denominator Cost Share Group (Jan. – Dec.) (costYY_01- costYY_12)	12*2	Part D Denom	<p>12 monthly 2-byte indicators</p> <p>Calculated field that describes a beneficiary's subsidy and/or copayment status.</p> <p>00 = Not Medicare enrolled for the month ** = Enrolled in Medicare A and/or B, but no MIIR record for the month 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</p>

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				and 15% copayment 09 = No premium-subsidy and no copayment 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 set
50	Retiree Drug Subsidy Indicators (Jan. – Dec.) (rdsYY_01-rdsYY_12)	12*1	Part D Denom	12 monthly 1-byte indicators Indicates for each month of the Denominator reference year, whether the employer should be subsidized for the beneficiary. 0 = Not Medicare enrolled for the month * = 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

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
62	State Reported Dual Eligible Status Code (Jan. – Dec.) (dualYY_01-dualYY_12)	12*2	Part D Denom	<p>12 monthly 2-byte indicators</p> <p>Indicates for each month of the Denominator reference year, the dual eligibility status, if any, for the beneficiary.</p> <p>00 = Not Medicare enrolled for the month ** = 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</p>
86	Plan Coverage Months (ptdYY)	2	Part D Denom	<p>Contains the total number of months of Part D plan coverage for the beneficiary.</p> <p>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.</p>
88	Retiree Drug Subsidy Months (rdscntYY)	2	Part D Denom	<p>Contains the total number of months the employer is entitled to a retiree drug subsidy for the beneficiary.</p> <p>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 Retiree Drug Subsidy Indicators = Y.</p>

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
90	Medicaid Dual Eligible Months (dualcntYY)	2	Part D Denom	Contains the total numbers 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 00, **, NA, or 99.
92	Filler	1		
732	Filler	1		