

Documentation for the Part D Enrollment File  
February 1, 2019

FILENAME: PTD.denom.txt, PTD.denom.noncancer.txt  
LRECL: 803

<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
1	Patient ID <b>(linkid)</b>	11	Random ID Number to be linked with the MHOS data
12	Research Triangle Institute Race Code <b>(rtirace)</b>	1	Occurs just once. Taken from the last available record in the Part D Denominator files.  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
13	On/Off Creditable Coverage Switch <b>(cred07-cred16)</b>	10*1	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).

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
23	Plan-Value Indicators (Jan. – Dec.) ( <b>plan07_01-plan07_12</b> )	12*1	<p>12 monthly 1-byte indicators for each year from 2007 to 2016</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>
35	Plan-Value Indicators (Jan. – Dec.) ( <b>plan08_01-plan08_12</b> )	12*1	12 monthly 1-byte indicators for 2008
47	Plan-Value Indicators (Jan. – Dec.) ( <b>plan09_01-plan09_12</b> )	12*1	12 monthly 1-byte indicators for 2009
59	Plan-Value Indicators (Jan. – Dec.) ( <b>plan10_01-plan10_12</b> )	12*1	12 monthly 1-byte indicators for 2010
71	Plan-Value Indicators (Jan. – Dec.) ( <b>plan11_01-plan11_12</b> )	12*1	12 monthly 1-byte indicators for 2011
83	Plan-Value Indicators (Jan. – Dec.) ( <b>plan12_01-plan12_12</b> )	12*1	12 monthly 1-byte indicators for 2012
95	Plan-Value Indicators (Jan. – Dec.) ( <b>plan13_01-plan13_12</b> )	12*1	12 monthly 1-byte indicators for 2013

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
107	Plan-Value Indicators (Jan. – Dec.) ( <b>plan14_01- plan14_12</b> )	12*1	12 monthly 1-byte indicators for 2014
119	Plan-Value Indicators (Jan. – Dec.) ( <b>plan15_01- plan15_12</b> )	12*1	12 monthly 1-byte indicators for 2015
131	Plan-Value Indicators (Jan. – Dec.) ( <b>plan16_01- plan16_12</b> )	12*1	12 monthly 1-byte indicators for 2016

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
143	Denominator Cost Share Group (Jan. – Dec.) <b>(cost07_01-cost07_12)</b>	12*2	<p>12 monthly 2-byte indicators for each year from 2007 to 2016</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 deemed eligible for LIS with 100% premium-subsidy and no copayment  02 = Bene deemed eligible for LIS with 100% premium-subsidy and low copayment  03 = Bene deemed eligible for LIS 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 or cost sharing subsidy  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</p>
167	Denominator Cost Share Group (Jan. – Dec.) <b>(cost08_01-cost08_12)</b>	12*2	12 monthly 2-byte indicators for 2008
191	Denominator Cost Share Group (Jan. – Dec.) <b>(cost09_01-cost09_12)</b>	12*2	12 monthly 2-byte indicators for 2009

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
215	Denominator Cost Share Group (Jan. – Dec.) <b>(cost10_01-cost10_12)</b>	12*2	12 monthly 2-byte indicators for 2010
239	Denominator Cost Share Group (Jan. – Dec.) <b>(cost11_01-cost11_12)</b>	12*2	12 monthly 2-byte indicators for 2011
263	Denominator Cost Share Group (Jan. – Dec.) <b>(cost12_01-cost12_12)</b>	12*2	12 monthly 2-byte indicators for 2012
287	Denominator Cost Share Group (Jan. – Dec.) <b>(cost13_01-cost13_12)</b>	12*2	12 monthly 2-byte indicators for 2013
311	Denominator Cost Share Group (Jan. – Dec.) <b>(cost14_01-cost14_12)</b>	12*2	12 monthly 2-byte indicators for 2014
335	Denominator Cost Share Group (Jan. – Dec.) <b>(cost15_01-cost15_12)</b>	12*2	12 monthly 2-byte indicators for 2015
359	Denominator Cost Share Group (Jan. – Dec.) <b>(cost16_01-cost16_12)</b>	12*2	12 monthly 2-byte indicators for 2016
383	Retiree Drug Subsidy Indicators (Jan. – Dec.) <b>(rds07_01-rds07_12)</b>	12*1	12 monthly 1-byte indicators for 2007 to 2016  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
395	Retiree Drug Subsidy Indicators (Jan. – Dec.) <b>(rds08_01-rds08_12)</b>	12*1	12 monthly 1-byte indicators for 2008

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
407	Retiree Drug Subsidy Indicators (Jan. – Dec.) <b>(rds09_01-rds09_12)</b>	12*1	12 monthly 1-byte indicators for 2009
419	Retiree Drug Subsidy Indicators (Jan. – Dec.) <b>(rds10_01-rds10_12)</b>	12*1	12 monthly 1-byte indicators for 2010
431	Retiree Drug Subsidy Indicators (Jan. – Dec.) <b>(rds11_01-rds11_12)</b>	12*1	12 monthly 1-byte indicators for 2011
443	Retiree Drug Subsidy Indicators (Jan. – Dec.) <b>(rds12_01-rds12_12)</b>	12*1	12 monthly 1-byte indicators for 2012
455	Retiree Drug Subsidy Indicators (Jan. – Dec.) <b>(rds13_01-rds13_12)</b>	12*1	12 monthly 1-byte indicators for 2013
467	Retiree Drug Subsidy Indicators (Jan. – Dec.) <b>(rds14_01-rds14_12)</b>	12*1	12 monthly 1-byte indicators for 2014
479	Retiree Drug Subsidy Indicators (Jan. – Dec.) <b>(rds15_01-rds15_12)</b>	12*1	12 monthly 1-byte indicators for 2015
491	Retiree Drug Subsidy Indicators (Jan. – Dec.) <b>(rds16_01-rds16_12)</b>	12*1	12 monthly 1-byte indicators for 2016

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
503	State Reported Dual Eligible Status Code (Jan. – Dec.) ( <b>dual07_01-dual07_12</b> )	12*2	<p>12 monthly 2-byte indicators for each year from 2007 to 2016</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>
527	State Reported Dual Eligible Status Code (Jan. – Dec.) ( <b>dual08_01-dual08_12</b> )	12*2	12 monthly 2-byte indicators for 2008
551	State Reported Dual Eligible Status Code (Jan. – Dec.) ( <b>dual09_01-dual09_12</b> )	12*2	12 monthly 2-byte indicators for 2009
575	State Reported Dual Eligible Status Code (Jan. – Dec.) ( <b>dual10_01-dual10_12</b> )	12*2	12 monthly 2-byte indicators for 2010
599	State Reported Dual Eligible Status Code (Jan. – Dec.) ( <b>dual11_01-dual11_12</b> )	12*2	12 monthly 2-byte indicators for 2011

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
623	State Reported Dual Eligible Status Code (Jan. – Dec.) ( <b>dual12_01-dual12_12</b> )	12*2	12 monthly 2-byte indicators for 2012
647	State Reported Dual Eligible Status Code (Jan. – Dec.) ( <b>dual13_01-dual13_12</b> )	12*2	12 monthly 2-byte indicators for 2013
671	State Reported Dual Eligible Status Code (Jan. – Dec.) ( <b>dual14_01-dual14_12</b> )	12*2	12 monthly 2-byte indicators for 2014
695	State Reported Dual Eligible Status Code (Jan. – Dec.) ( <b>dual15_01-dual15_12</b> )	12*2	12 monthly 2-byte indicators for 2015
719	State Reported Dual Eligible Status Code (Jan. – Dec.) ( <b>dual16_01-dual16_12</b> )	12*2	12 monthly 2-byte indicators for 2016
743	Plan Coverage Months ( <b>ptd07-ptd16</b> )	10*2	Contains the total number of months of Part D plan coverage for the beneficiary from 2007 to 2016.  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, E or X.
763	Retiree Drug Subsidy Months ( <b>rdscnt07-rdscnt16</b> )	10*2	Contains the total number of months the employer is entitled to a retiree drug subsidy for the beneficiary from 2007 to 2016.  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.



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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
783	Medicaid Dual Eligible Months ( <b>dualcnt07-dualcnt16</b> )	10*2	Contains the total numbers of months of dual eligibility for the beneficiary from 2007 to 2016.  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.
803	Filler	1	