

Medicare Surveillance Summarized Denominator File
November 1, 2018

FILENAME: sumdenom.noncancer.txt.gz

RECORD FORMAT: Fixed Block

RECORD LENGTH: 2298

As part of the SEER-Medicare data linkage project, NCI has created a file of demographic, enrollment and entitlement information for Medicare beneficiaries who do not have cancer. These “non-cancer cases” are identified from a random 5% sample of Medicare beneficiaries who reside in one of the SEER areas*, excluding persons who have been reported to any of the registries as having cancer. Persons in the 5% sample who are excluded because they have cancer can be found in the PEDSF file.

Enrollment and entitlement data for the non-cancer cases is provided in the Summarized Denominator (SUMDENOM) file. This file contains information by calendar year for the months that the person was Medicare eligible, from 1991-2017. Variables include his/her unique Medicare health insurance claim number (the HIC is encrypted to protect confidentiality), date of birth, date of death (if any), sex, race, state of residence, enrollment in Part A and/or Part B, and enrollment in an HMO (if any) by month. This file can be used to identify persons to be included or excluded from an analysis, i.e. by sex, HMO enrollment, etc. The SUMDENOM file can be linked with the Medicare claims for the non-cancer cases by the HIC number (encrypted) which appears on all files for the non-cancer cases.

* The Arizona Indians registry is not included in this sample as it was not possible to separate the Arizona Indians from the Arizona population.

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
1	Patient ID (patient_id)	11	Encrypted HIC Number (HICBIC)
12	Date of Birth (birthm, birthd, birthyr)	8	Medicare Date of Birth (MMDDYYYY)
20	Valid Date of Death (vrfydth)	1	N = No Y = Yes
21	Date of Death (med_dodm, med_dodd, med_dody)	8	Medicare Date of Death (MMDDYYYY)
29	Sex (m_sex)	1	1 = Male 2 = Female
30	Race (race)	1	0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. Am. Native
32	Linkage Flag (linkflag)	1	Indicates the linkage the patient is first associated with. 1 = 2005 linkage, earliest claim year is 1991 2 = 2008 linkage, earliest claim year is 1998 3 = 2010 linkage, earliest claim year is 2000 4 = 2012 linkage, earliest claim year is 2002 5 = 2014 linkage, earliest claim year is 2004 6 = 2016 linkage, earliest claim year is 2006 7 = 2018 linkage, earliest claim year is 2008
33	Sumdenom Status Flag (sumstat)	1	Indicates if patient was found in the cancer sample but is not in the PEDSF file. 1 = Not found in the cancer sample 2 = Found in the cancer sample but is not included in the PEDSF file.
34	Original Reason For Entitlement (OREC) (rsncd1)	1	First Reason for Entitlement on the EDB record. 0 = OSAI 1 = DIB 2 = ESRD 3 = DIB/ESRD
35	End Stage Renal Disease Ever (ESRD) (esrd_ever)	1	Indicates if patient ever had ESRD N = No ESRD Y = Bene. Has ESRD

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36	End Stage Renal Disease start date (ersstm1,ersstd1,erssty1) (ersstm5,ersstd5,erssty5)	5*8	MMDDYYYY
76	End Stage Renal Disease end date (erstrm1, erstrd1,erstry1) (erstrm5,erstrd5,erstry5)	5*8	MMDDYYYY

Enrollment Variables

* The following repeating variables are blank in the years prior to start of enrollment in Medicare.

116	Medicare Status Code* (medcd1991-medcd2017)	27*2	Medicare Status for each entitlement year 1991-2017 10 = Aged 11 = Aged with ESRD 20 = Disabled 21 = Disabled with ESRD 31 = ESRD Only
170	Zip Code* (first 5 digits) (zip5_1991-zip5_2017)	27*5	Zip code is encrypted. Special permission is required for the unencrypted zip code. NOTE: Zip code is assigned as the last zip code lived in for that year.
305	Zip Code* (last 4 digits) (zip4_1991-zip4_2017)	27*4	Last 4 digits of the Zip code will be blanked out unless permission is received for the unencrypted zip code. NOTE: Zip code is assigned as the last zip code lived in for that year.

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
413	State* (state1991- state2017)	27*2	FIPS Standard 01 = Alabama 02 = Alaska 04 = Arizona 05 = Arkansas 06 = California 08 = Colorado 09 = Connecticut 10 = Delaware 11 = Washington, D.C. 12 = Florida 13 = Georgia 15 = Hawaii 16 = Idaho 17 = Illinois 18 = Indiana 19 = Iowa 20 = Kansas 21 = Kentucky 22 = Louisiana 23 = Maine 24 = Maryland 25 = Massachusetts 26 = Michigan 27 = Minnesota 28 = Mississippi 29 = Missouri 30 = Montana 31 = Nebraska 32 = Nevada 33 = New Hampshire 34 = New Jersey 35 = New Mexico 36 = New York 37 = North Carolina 38 = North Dakota 39 = Ohio 40 = Oklahoma 41 = Oregon 42 = Pennsylvania 43 = Puerto Rico 44 = Rhode Island 45 = South Carolina 46 = South Dakota 47 = Tennessee 48 = Texas

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
			49 = Utah 50 = Vermont 51 = Virginia 53 = Washington 54 = West Virginia 55 = Wisconsin 56 = Wyoming 72 = Puerto Rico NOTE: State is assigned as the last state lived in for that year
467	County* (cnty1991-cnty2017)	27*3	FIPS Standard NOTE: County is assigned as the last county lived in for that year.
548	Rural-Urban Code* (urban1991-urban2017)	27*2	00 -09, 88, 99 Years 1991-1998 used the 1993 continuum code Years 1999-2008 used the 2003 continuum code Years 2009-2017 used the 2013 continuum code Definitions for the 1993 continuum code: 00=Central counties of metro areas of 1 million population or more 01=Fringe counties of metro areas of 1 million population or more 02=Counties in metro areas of 250,000 to 1 million population 03=Counties in metro areas of fewer than 250,000 population 04=Urban population of 20,000 or more, adjacent to a metro area 05=Urban population of 20,000 or more, not adjacent to a metro area 06=Urban population of 2,500 to 19,999, adjacent to a metro area 07=Urban population of 2,500 to 19,999, not adjacent to a metro area 08=Completely rural or less than 2,500 urban population, adjacent to a metro area 09=Completely rural or less than 2,500 urban population, not adjacent to a metro area 88=Unknown-Alaska/Hawaii State/not official USDA Rural-Urban Continuum code 99=Unknown/not official USDA Rural-Urban Continuum code

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
	Rural-Urban Continued		<p>Definitions for the 2003 and 2013 continuum codes:</p> <p>01=Counties of metro areas of 1 million population or more</p> <p>02=Counties in metro areas of 250,000 to 1 million population</p> <p>03=Counties in metro areas of fewer than 250,000 population</p> <p>04=Urban population of 20,000 or more, adjacent to a metro area</p> <p>05=Urban population of 20,000 or more, not adjacent to a metro area</p> <p>06=Urban population of 2,500 to 19,999, adjacent to a metro area</p> <p>07=Urban population of 2,500 to 19,999, not adjacent to a metro area</p> <p>08=Completely rural or less than 2,500 urban population, adjacent to a metro area</p> <p>09=Completely rural or less than 2,500 urban population, not adjacent to a metro area</p> <p>88=Unknown-Alaska/Hawaii State/not official USDA Rural-Urban Continuum code</p> <p>99=Unknown/not official USDA Rural-Urban Continuum code</p> <p>More information can be found here: Rural-Urban</p>
	Rural-Urban Recode* (urbrur1991-urbrur2017)	27*1	<p>Rural-Urban Code (no longer on the file but is created in the input statement using the urban codes)</p> <p>1 = Big Metro (Urban = 00 or 01)</p> <p>2 = Metro (Urban = 02 or 03)</p> <p>3 = Urban (Urban = 04 or 05)</p> <p>4 = Less Urban (Urban = 06 or 07)</p> <p>5 = Rural (Urban = 08 or 09)</p> <p>9 = Unknown (Urban = 99)</p>

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
602	Registry Code* (registry1991-registry2017)	27*2	01 = San Francisco 02 = Connecticut 20 = Detroit 21 = Hawaii 22 = Iowa 23 = New Mexico 25 = Seattle 26 = Utah 27 = Atlanta 31 = San Jose 35 = Los Angeles 37 = Rural Georgia 41 = Greater California 42 = Kentucky 43 = Louisiana 44 = New Jersey 47 = Greater Georgia NA = Has not lived in a registry yet NOTE: First registry found is retained until patient moved into a new registry.
656	Registry Code #2* (reg2cd1991-reg2cd2017)	27*2	01 = San Francisco 02 = Connecticut 20 = Detroit 21 = Hawaii 22 = Iowa 23 = New Mexico 25 = Seattle 26 = Utah 27 = Atlanta 31 = San Jose 35 = Los Angeles 37 = Rural Georgia 41 = Greater California 42 = Kentucky 43 = Louisiana 44 = New Jersey 47 = Greater Georgia NA = Other NOTE: Registry is based off the state and county, which is the last residence the patient lived at for that year.

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
710	Monthly Entitlement Indicators (mon1-mon324)	324*1	Indicates entitlement for each month from 1/1991 to 12/2017. mon1 = January 1991 mon324 = December 2017 0 = Not Entitled 1 = Part A only 2 = Part B only 3 = Part A and Part B
1034	Health Maintenance Organization. (gho1-gho324)	324*1	Indicates entitlement for each month from 1/1991 to 12/2017. gho1 = January 1991 gho324 = December 2017 0 = Not Member of HMO 1 = Non Lock-in, CMS to process Provider 2 = Non Lock-in, GHO to process in-plan Part A & in-area Part B claims 4 = Fee-for-Service participant in case or disease management demonstration projects (effective 2005 forward) A = Lock-in, CMS 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
1358	State Buy In Coverage (allflag1-allflag324)	324*1	Indicates State Buy in Coverage for each month from 1/1991 to 12/2017. allflag1 = January 1991 allflag324 = December 2017 0 = Not entitled 1 = Part A only 2 = Part B only 3 = Part A and B
1682	Total Months Part A Cov. (ptacnt1991-ptacnt2017)	27*2	00-12
1736	Total Months Part B Cov. (ptbcnt1991-ptbcnt2017)	27*2	00-12
1790	Total Months HMO Coverage (hmocnt1991-hmocnt2017)	27*2	00-12
1844	Total Months State Buy-in (stbuyin1991-stbuyin2017)	27*2	00-12

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COL FIELD LENGTH NOTES

Repeated Part D Denominator Information

Entitlement information from the Part D Denominator file are provided from 2007 to 2016. Blank values indicate the patient had no Part D record for that year.

1898	Plan-Value Indicators (Jan. – Dec.) (plan07_01-plan07_12) (plan08_01-plan08_12) ... (plan15_01-plan15_12) (plan16_01-plan16_12) Or read them in all together like other entitlement variables. (planmon193- planmon312)	120*1	12 monthly 1-byte indicators for each year from 2007-2016. Indicates for each month of the Denominator reference year, the Part D enrollment, which is based on the 1 st digit or the Part D contract number. Recodes only indicating type of plan; no 5-digit plan numbers. Blank = No Part D record 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)
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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>NOTES</u>
2018	State Reported Dual Eligible Status Code (Jan. – Dec.) (dual07_01-dual07_12) (dual08_01-dual08_12) ... (dual15_01-dual15_12) (dual16_01-dual16_12) Or read them in all together like other entitlement variables. (dualmon193-dualmon312)	120*2	12 monthly 2-byte indicators Indicates for each month of the Denominator reference year (2007-2016), the dual eligibility status, if any, for the beneficiary. Blank = No Part D record 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
2258	Plan Coverage Months (ptd07-ptd16)	10*2	Contains the total number of months of Part D plan coverage for the beneficiary. Blank = No Part D record 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.
2278	Medicaid Dual Eligible Months (dualcnt07-dualcnt16)	10*2	Contains the total numbers of months of dual eligibility for the beneficiary. Blank = No Part D record 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.
2298	Filler	1	