

Documentation for the Part D Enrollment File  
November 1, 2016

FILENAME 1: PTD.denom.txt , PTD.denom.noncancer.txt

LRECL 1: 652

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
1	Patient ID <b>(patient_id)</b> SEER Cases Patient ID	11	Master File	
1	Registry	2	SEER	First two digits in the patient ID. 02 = Connecticut (1973+) 20 = Detroit (1973+) 21 = Hawaii (1973+) 22 = Iowa (1973+) 23 = New Mexico (1973+) 25 = Seattle (1974+) 26 = Utah (1973+) 42 = Kentucky (2000+) 43 = Louisiana (2000+) 44 = New Jersey (2000+) 87 = Georgia 88 = California NOTE: Specific California and Georgia registries will be differentiated in the repeated registry codes (starting in column 2202, variables reg1-reg10 in the PEDSF)
3	Case Number	8	Assigned by IMS	Encrypted SEER Case Number
11	Filler  Non Cancer Patients – Patient Id	1		
1	HIC (HICBIC)	11		Encrypted ID for Non Cancer Patients
<b><u>Repeated Part D Denominator Information</u></b>				
These variables (columns 13-92) are repeated once for every year from 2007 to 2014. (YY = the year of the file, ex. 07)				
12	Research Triangle Institute Race Code <b>(rtirace)</b>	1	Part D Denom	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)

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				3 = Other 4 = Asian/Pacific Islander 5 = Hispanic 6 = American Indian/Alaska Native
13	On/Off Creditable Coverage Switch (credYY)	1	Part D Denom	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).
14	Plan-Value Indicators (Jan. – Dec.) (planYY_01-planYY_12)	12*1	Part D Denom	12 monthly 1-byte indicators  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.  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)

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
26	Denominator Cost Share Group (Jan. – Dec.) <b>(costYY_01-costYY_12)</b>	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 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</p>

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
50	Retiree Drug Subsidy Indicators (Jan. – Dec.) <b>(rdsYY_01-rdsYY_12)</b>	12*1	Part D Denom	<p>12 monthly 1-byte indicators</p> <p>Indicates for each month of the Denominator reference year, whether the employer should be subsidized for the beneficiary.</p> <p>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</p>
62	State Reported Dual Eligible Status Code (Jan. – Dec.) <b>(dualYY_01-dualYY_12)</b>	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>

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<u>COL</u>	<u>FIELD</u>	<u>LENGTH</u>	<u>SOURCE</u>	<u>NOTES</u>
86	Plan Coverage Months <b>(ptdYY)</b>	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 <b>(rdscntYY)</b>	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>
90	Medicaid Dual Eligible Months <b>(dualcntYY)</b>	2	Part D Denom	<p>Contains the total numbers of months of dual eligibility 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 Medicaid Dual Eligible Indicators not equal to 00, **, NA, or 99.</p>
92	Filler	1		
652	Filler	1		