NCHS-CMS Medicare Part D Event File

Variable Name	Variable Description	Type	Length
SURVEY	NCHS Survey linked to CMS Medicare Data	CHAR	16
PUBLICID*	NCHS Survey Identifier - Participant Identification Number*	CHAR	14
SEQN*	NCHS Survey Identifier - Sample Sequence Number*	NUM	5
RESNUM*	NCHS Survey Identifier - Resident Record (Case) Number*	NUM	6
FILE_YEAR4	Coverage Year of the Medicare Part D Event File	NUM	4
GNDR_CD	Patient Gender	CHAR	1
SRVC_DT	RX Service Date (DOS)	DATE	4
PD_DT	Paid Date	DATE	4
PROD_SRVC_ID	Product Service ID	CHAR	19
CMPND_CD	Compound Code	NUM	3
DAW_PROD_SLCTN_CD	Dispense as Written (DAW) Product Selection Code	CHAR	1
QTY_DSPNSD_NUM	Quantity Dispensed	NUM	8
DAYS_SUPLY_NUM	Days Supply	NUM	3
FILL_NUM	Fill Number	NUM	3
DSPNSNG_STUS_CD	Dispensing Status Code	CHAR	1
DRUG_CVRG_STUS_CD	Drug Coverage Status Code	CHAR	1
NSTD_FRMT_CD	Non-Standard Format Code	CHAR	1
PRCNG_EXCPTN_CD	Pricing Exception Code	CHAR	1
CTSTRPHC_CVRG_CD	Catastrophic Coverage Code	CHAR	1
GDC_BLW_OOPT_AMT	Gross Drug Cost Below Out-of-Pocket Threshold (GDCB)	NUM	8
GDC_ABV_OOPT_AMT	Gross Drug Cost Above Out-of-Pocket Threshold (GDCA)	NUM	8
PTNT_PAY_AMT	Patient Pay Amount	NUM	8
OTHR_TROOP_AMT	Other True Out-of-Pocket (TrOOP) Amount	NUM	8
LICS_AMT	Low Income Cost Sharing Subsidy Amount (LICS)	NUM	8
PLRO_AMT	Patient Liability Reduction Due to Other Payer Amount (PLRO)	NUM	8
CVRD_D_PLAN_PD_AMT	Covered D Plan Paid Amount (CPP)	NUM	8
NCVRD_PLAN_PD_AMT	Non-Covered Plan Paid Amount (NPP)	NUM	8
TOT_RX_CST_AMT	Gross Drug Cost	NUM	8

*Researchers linking to 1994-2005 NHIS and LSOA II should use PUBLICID.
Researchers linking to NHEFS, NHANES III and 1999-2004 NHANES should use SEQN.
Researchers linking to the 2004 NNHS should use RESNUM.

NCHS-CMS Medicare Part D Prescription Drug Event (PDE) File
Data Dictionary

Variable Name	Type	Length
SURVEY	**CHAR**	**16**

NCHS Survey linked to CMS Medicare Data File

This variable indicates the NCHS survey that has been linked to CMS Medicare administrative records.

PUBLICID[*]	**CHAR**	**14**

NCHS Survey Identifier – Participant Identification Number[*]

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records.

Usage Notes: See Appendix A for NCHS survey specific descriptions.

[*]**Researchers linking to the following surveys should use PUBLICID:**
   1994-2005 NHIS and LSOA II
 Researchers linking to the following surveys should use SEQN:
   NHEFS, NHANES III and 1999-2004 NHANES
 Researchers linking to the following survey should use RESNUM:
   2004 NNHS

SEQN[*]	**NUM**	**5**

NCHS Survey Identifier – Sample Sequence Number[*]

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records.

Usage Notes: See Appendix A for NCHS survey specific descriptions.

[*]**Researchers linking to the following surveys should use PUBLICID:**
   1994-2005 NHIS and LSOA II
 Researchers linking to the following surveys should use SEQN:
   NHEFS, NHANES III and 1999-2004 NHANES
 Researchers linking to the following survey should use RESNUM:
   2004 NNHS

Variable Name	Type	Length
RESNUM[*]	NUM	6

NCHS Survey Identifier – Resident Record (Case) Number[*]

Public use identifier assigned by NCHS used to link NCHS survey
data and administrative records.

Usage Notes: See Appendix A for NCHS survey specific descriptions.

[*]**Researchers linking to the following surveys should use PUBLICID:**
    1994-2005 NHIS and LSOA II
 Researchers linking to the following surveys should use SEQN:
    NHEFS, NHANES III and 1999-2004 NHANES
 Researchers linking to the following survey should use RESNUM:
    2004 NNHS

FILE_YEAR4	NUM	4

Coverage year of the Medicare Part D Event File

This variable indicates the year of coverage for the chronic
condition summary file.

Format: YYYY

Possible Values: 2006-2007

GNDR_CD	CHAR	1

Patient Gender

Gender of the patient as indicated on the Part D Event record.

Possible Values:

        1 = Male
        2 = Female

Variable Name	Type	Length
SRVC_DT	DATE	4

RX Service Date (DOS)

This field indicates the date on which theprescription was filled.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
PD_DT	DATE	4

Paid Date

This field indicates the date the plan originally paid the pharmacy
for the prescription drug. If the plan subsequently adjusts payment,
the plan will report the original paid date in the adjustment Prescription
Drug Event (PDE). This field is a mandatory field for fallback plans and
optional for all other plan types.

Format: SAS Date (DATE9.)

Variable Name	Type	Length
PROD_SRVC_ID	CHAR	19

Product Service ID

This field identifies the dispensed drug using a National Drug
Code (NDC).

Format: MMMMMDDDDPP followed by 8 spaces.

Usage Notes:

The NDC is reported in NDC11 format.

In instances where a pharmacy formulates a compound containing
multiple NDC drugs, the NDC of the most expensive drug is used.

CMS rejects the following codes:
99999999999, 99999999992, 99999999993, 99999999994,
99999999995 and 99999999996.

Variable Name	Type	Length
CMPND_CD	**NUM**	**3**

Compound Code

This field indicates whether or not the dispensed drug was
compounded or mixed.

Possible Values:

0 = Not specified
1 = Not a compound
2 = Compound

DAW_PROD_SLCTN_CD	**CHAR**	**1**

Dispense as Written (DAW) Product Selection Code

This field indicates the prescriber's instruction regarding
substitution of generic equivalents or order to dispense the
specific product written.

Possible Values:

0 = No Product Selection Indicated
1 = Substitution Not Allowed by Prescriber
2 = Substitution Allowed - Patient Requested Product Dispensed
3 = Substitution Allowed - Pharmacist Selected Product Dispensed
4 = Substitution Allowed - Generic Drug Not in Stock
5 = Substitution Allowed - Brand Drug Dispensed as Generic
6 = Override
7 = Substitution Not Allowed - Brand Drug Mandated by Law
8 = Substitution Allowed Generic Drug Not Available in Marketplace
9 = Other

QTY_DSPNSD_NUM	**NUM**	**8**

Quantity Dispensed

This field indicates the number of units, grams, milliliters,
or other dispensed in the current drug event. If a compounded
item, then the quantity dispensed is the total of all ingredients.

Variable Name	Type	Length
DAYS_SUPLY_NUM	**NUM**	**3**

Days Supply

This field indicates the number of days' supply of medication dispensed by the pharmacy and will consist of the amount the pharmacy enters for the prescription

Possible Values: 0-999

Usage Notes:

Blanks were accepted in PDE's where NSTD_FRMT_CD (Non-Standard Format Code) equals B, X, or P.

Variable Name	Type	Length
FILL_NUM	**NUM**	**3**

Fill Number

This field indicates the number fill of the current dispensed supply.

Possible Values: 0-99

Variable Name	Type	Length
DSPNSNG_STUS_CD	**CHAR**	**1**

Dispensing Status Code

This field indicates how the pharmacy dispensed the complete quantity of the prescription. When the pharmacy partially fills a prescription, this field indicates a partial fill. When the full quantity is dispensed at one time, this field is blank.

Possible Values:

P = Partial fill
C = Completion of partial fill
Blank = Not specified or full quantity

Variable Name	Type	Length
DRUG_CVRG_STUS_CD	**CHAR**	**1**

Drug Coverage Status Code

This field indicates whether or not the drug is covered under the
Medicare Part D benefit and/or a specific Plan Benefit Package (PBP).

Possible Values:

C = Covered
E = Supplemental drugs (reported by Enhanced Alternative
    plans only)
O = Over-the-counter drugs

Variable Name	Type	Length
NSTD_FRMT_CD	**CHAR**	**1**

Non-Standard Format Code

This data element is used by CMS to identify PDE records that are
compiled from non-standard sources. Plans generally receive data from
pharmacies in the standard format established by the National Council
 for Prescription Drug Programs (NCPDP).

Possible Values:

X = X12 837
B = Beneficiary submitted claim
P = Paper claim from provider
S = State-to-Plan PDEs
Blank = National Council for Prescription Drug Programs (NCPDP)
        electronic format

Variable Name	Type	Length
PRCNG_EXCPTN_CD	**CHAR**	**1**

Pricing Exception Code

This field indicates that the PDE reports an out-of-network or Medicare as Secondary Payer (MSP) service that is subject to unique pricing rules.

Possible Values:

M = Medicare is a secondary payer
O = Out of network pharmacy
Blank = In-network pharmacy and Medicare Primary

Variable Name	Type	Length
CTSTRPHC_CVRG_CD	**CHAR**	**1**

Catastrophic Coverage Code

This field indicates that a beneficiary has reached the out-of-pocket threshold or attachment point. At this point, catastrophic coverage provisions begin, namely reinsurance and reduced beneficiary cost sharing.

Possible Values:

A = Attachment point met on this event
C = Above attachment point
Blank = Attachment point not met

Variable Name	Type	Length
GDC_BLW_OOPT_AMT	**NUM**	**8**

Gross Drug Cost Below Out-of-Pocket Threshold (GDCB)

This field represents the gross drug cost paid to the pharmacy below the out-of-pocket threshold for a given PDE for a covered drug. For claims received prior to a beneficiary reaching the attachment point, this field will contain a positive dollar amount. For claims above the attachment point, this field will contain a zero dollar value. For a claim on which the attachment point is reached, there is likely to be a positive dollar amount in this field and there will be a positive dollar amount in GDC_ABV_OOPT_AMT (Gross Drug Cost Above Out-of-Pocket Threshold (GDCA)).

Format: $$$$$$$$

Usage Notes:

When CTSTRPHC_CVRG_CD (Catastrophic Coverage Code) = Blank,
this field equals the sum of :
Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax

When CTSTRPHC_CVRG_CD (Catastrophic Coverage Code) = 'A',
this field equals the portion of
Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax
falling at or below the Out-of-Pocket (OOP) threshold.
The remaining portion is reported in GDC_ABV_OOPT_AMT (Gross Drug Cost Above Out-of-Pocket Threshold (GDCA)).

Variable Name	Type	Length
GDC_ABV_OOPT_AMT	**NUM**	**8**

Gross Drug Cost Above Out-of-Pocket Threshold (GDCA)

This field represents the gross drug cost paid to the pharmacy above the out-of-pocket threshold for a given PDE for a covered drug. For claims received prior to a beneficiary reaching the attachment point, this field will contain a zero dollar amount. For claims above the attachment point, this field will contain a positive dollar value. For a claim on which the attachment point is reached, there is likely to be a positive dollar amount in this field and there will be a positive dollar amount in GDC_BLW_OOPT_AMT (Gross Drug Cost Below Out-of-Pocket Threshold (GDCB)).

Format: $$$$$$$

Usage Notes:

When CTSTRPHC_CVRG_CD (Catastrophic Coverage Code) = 'C', this field equals the sum of :
Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax above the Out-of-Pocket (OOP) threshold.

When CTSTRPHC_CVRG_CD (Catastrophic Coverage Code) = 'A', this field equals the portion of
Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax falling above the Out-of-Pocket (OOP) threshold.
The remaining portion is reported in GDC_BLW_OOPT_AMT (Gross Drug Cost Below Out-of-Pocket Threshold (GDCB)).

Variable Name	Type	Length
PTNT_PAY_AMT	**NUM**	**8**

Patient Pay Amount

This field lists the dollar amount the beneficiary paid that is not reimbursed by a third party (e.g., copayments, coinsurance, deductible or other patient pay amounts). This amount contributes to a beneficiary's True Out-of Pocket (TrOOP) amount only when it is payment for a Covered drug. Payments made by the beneficiary or family and friends shall also be reported in this field. Other third party payments made on behalf of a beneficiary that contribute to TrOOP shall be reported in OTHR_TROOP_AMT (Other True Out-of-Pocket (TrOOP) Amount) or LICS_AMT (Low Income Cost Sharing Subsidy Amount (LICS)) and payments that do not contribute shall be reported in PLRO_AMT (Patient Liability Reduction due to Other Payer Amount (PLRO)).

Format: $$$$$$$$

Variable Name	Type	Length
OTHR_TROOP_AMT	**NUM**	**8**

Other True Out-of-Pocket (TrOOP) Amount

This field records all qualified third party payments that contribute to a beneficiary's True Out-of Pocket (TrOOP), except LICS_AMT (Low Income Cost Sharing Subsidy Amount (LICS)) and PTNT_PAY_AMT (Patient Pay Amount).

Examples include payments made on behalf of a beneficiary by a qualified State Pharmacy Assistance Program, charities or other TrOOP-eligible parties.

Format: $$$$$$$$

Variable Name	Type	Length
LICS_AMT	**NUM**	**8**

Low Income Cost Sharing Subsidy Amount (LICS)

This field contains plan-reported Low Income Cost Sharing Subsidy (LICS) amounts per drug event so that CMS systems can reconcile prospective LICS payments made to plans with actual LICS amounts incurred by the plan at Point of Sale.

Amount the plan reduced patient liability due to a beneficiary's LICS status.

Format: $$$$$$$$

Variable Name	Type	Length
PLRO_AMT	**NUM**	**8**

Patient Liability Reduction Due to Other Payer Amount (PLRO)

This field takes into account coordination of benefits that results in reduced patient liability, excluding any TrOOP-eligible payers.

Amounts by which patient liability is reduced due to payment by other payers that are not TrOOP-eligible and do not participate in Part D. Examples of non-TrOOP-eligible payers: group health plans, worker's compensation, and governmental programs (e.g. VA, TRICARE).

Format: $$$$$$$$

Variable Name	Type	Length
CVRD_D_PLAN_PD_AMT	**NUM**	**8**

Covered D Plan Paid Amount (CPP)

This field contains the net amount the plan paid for standard benefits
(covered Part D drugs), where
DRUG_CVRG_STUS_CD (Drug Coverage Code) = 'C'.

If DRUG_CVRG_STUS_CD (Drug Coverage Code) = 'E' or 'O',
CVRD_D_PLAN_PD_AMT (Covered D Plan Paid Amount (CPP)) is zero.

Format: $$$$$$$$

Usage Notes:

Supplemental drugs, supplemental cost-sharing, over-the-counter drugs
and non-Part D drugs funded by Part C rebates are excluded from this field.

Variable Name	Type	Length
NCVRD_PLAN_PD_AMT	**NUM**	**8**

Non-**Covered Plan Paid Amount (NPP)**

This field contains the net amount paid by the plan for benefits beyond
the standard benefit.

Net amount the plan has paid for all over-the-counter drugs, enhanced
alternative drugs, and enhanced alternative cost-sharing amounts.

Format: $$$$$$$$

Variable Name	Type	Length
TOT_RX_CST_AMT	**NUM**	**8**

Gross Drug Cost

This variable is derived from the sum of:
Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax

Format: $$$$$$$$

Appendix A: Data Usage Issues regarding PUBLICID/SEQN/RESNUM

The data provided on the 1994-2005 NHIS, NHEFS, 1999-2004 NHANES, NHANES III, LSOA II and 2004 NNHS linked CMS Medicare files can be merged with the NCHS public use survey data files using the unique survey specific Public Identification number PUBLICID/SEQN/RESNUM).

Note: At this time the linked CMS Medicare data files are only available for research use through the NCHS restricted access data center (RDC). Approved RDC researchers may choose to provide their own analytic files created from public use survey files to the RDC. Therefore, it is important for researchers to include survey specific Public Identification number on any analytic files sent to the RDC. The RDC will merge data (using PUBLICID, SEQN or RESNUM) from the linked CMS Medicare files to the analyst's file. The merged file will be held at the RDC and made available for analysis. Information on how to identify and/or construct the NCHS survey specific PUBLICID, SEQN or RESNUM is provided below.

I. National Health Interview Survey (NHIS)

On the NHIS surveys, researchers need to construct the NHIS public id from the following variables. The number and public-use location varies by NHIS survey year.

NHIS 1994

Item	Public-use Location	Length	Description
Year (2 digit)	3-4	2	Year of interview
Quarter	5	1	Calendar quarter of interview
PSU	6-8	3	Random recode of PSU #
Week	9-10	2	Week of interview within quarter
Segment	11-12	2	Segment number
Household	13-14	2	Household number within quarter
Person number	15-16	2	Person number within household

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

NHIS 1995, 1996

Item	Public-use Location	Length	Description
Year (2 digit)	3-4	2	Year of interview
Household ID	5-14	10	Household ID number
Person number	15-16	2	Person number within Household

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

NHIS 1997-2003

Item	Public-use Location	Length	Description
Year (4 digit)	3-6	4	Year of interview
Household Serial #	7-12	6	Household serial number
Person number	15-16	2	Person number within Household

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

NHIS 2004, 2005

Item	Public-use Location	Length	Description
Year (4 digit)	3-6	4	Year of interview
Household serial #	7-12	6	Household serial number
Family sequence #	13-14	2	Family number
Person sequence #	15-16	2	Person number

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

II. NHANES I Epidemiologic Follow-up Study NHEFS

Item	Length	Description
SEQN	5	Participant identification number

All of the NHEFS public-use data files are linked with the common survey participant identification number (SEQN). Merging information from multiple NHEFS Files to the NHEFS-CMS linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.

III. National Health and Nutrition Examination Survey (NHANES)

Item	Length	Description
SEQN	5	Participant identification number

All of the NHANES public-use data files are linked with the common survey participant identification number (SEQN). Merging information from multiple NHANES Files to the NHANES-CMS linked files using this variable ensures that the appropriate information for each survey participant is linked correctly

IV. Third National Health and Nutrition Examination Survey (NHANES III)

Item	Length	Description
SEQN	5	Participant identification number

All of the NHANES III public-use data files are linked with the common survey participant identification number (SEQN). Merging information from multiple NHANES III Files to the NHANES III-CMS linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.

V. The Second Longitudinal Study of Aging (LSOA II)

On the LSOA II survey, researchers need to construct the LSOA II public id from the following variables.

LSOA II

Item	Public-use Location	Length	Description
Year	3-4	2	Year of interview
Quarter	5	1	Calendar quarter of interview
PSU	6-8	3	Random recode of PSU #
Week	9-10	2	Week of interview within quarter
Segment	11-12	2	Segment number
Household	13-14	2	Household number within quarter
Person number	15-16	2	Person number within household

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

VI. 2004 National Nursing Home Survey (NNHS)

Item	Length	Description
RESNUM	6	Resident Record (Case) Number

All of the 2004 NNHS public-use data files are linked with the common resident record (case) number (RESNUM). Merging information from the 2004 NNHS Files to the 2004 NNHS-CMS linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.