

**USER RECORD LAYOUT FOR THE 2006 AND 2007 PART D DENOMINATOR FILES**

FIELD NAME	POSITIONS		FIELD VALUE TYPE	BRIEF FIELD DESCRIPTION	COMMENTS AND FIELD VALUES	DERIVATION / COMMENTS
	BEGIN	END				
1 Beneficiary Claim Account Number (CAN)	1	9	Alphanumeric	The number identifying the beneficiary who is the primary wage earner under SSA or RRB program.	Refer to the "CMS Denominator File 2006 Documentation: Version 1.0.1 Release Date May 11, 2006" (also known as A/B Denominator File Documentation") for the field values.	direct move from the input a/b denominator record
2 Category Equated Beneficiary Identification Code (BIC)	10	11	Alphanumeric	Highest level identification (for example, "wife" for "widow") delineating the unique relationship between the beneficiary and primary wage earner. Used for linking records from different systems or timeframes at the beneficiary level.	Refer to the A/B Denominator File Documentation.	direct move from the input a/b denominator record
3 Filler	12	19				
4 Original or Current Beneficiary Identification Code (OBIC) NOTE: CAN + OBIC = Health Insurance Claim Number	20	21	Alphanumeric	The BIC found in the beneficiary record in the March Unloaded EDB file, which is the input to the Denominator File processing. Must be equated for linking records across different systems or time frames at the beneficiary level.	Refer to the A/B Denominator File Documentation.	direct move from the input a/b denominator record
5 Social Security Administration (SSA) State Code	22	23	Numeric	The SSA state code of residence of a beneficiary is obtained from a beneficiary's mailing address that is used for remittance of cash benefits or from a beneficiary's mailing address that is used for other purposes (e.g. premium billing mailings).	Refer to the A/B Denominator File Documentation.	direct move from the input a/b denominator record
6 SSA County Code	24	26	Numeric	The SSA county code of residence of a beneficiary is obtained from a beneficiary's mailing address that is used for remittance of cash benefits or from a beneficiary's mailing address that is used for other purposes (e.g. premium billing mailings).		direct move from the input a/b denominator record
7 Zip Code of Residence	27	35	Numeric	The zip code of the mailing address where the beneficiary may be contacted. For beneficiaries with representative payee, this value may differ from the actual address of the beneficiary.		direct move from the input a/b denominator record
8 Beneficiary Date of Birth	36	43	Numeric (YYYYMMDD)	The beneficiary's date of birth.		direct move from the input a/b denominator record
9 Beneficiary Sex	44	44	Alphanumeric	Indicates the sex of beneficiary.	1 = Male 2 = Female	direct move from the input a/b denominator record
10 Beneficiary Race	45	45	Alphanumeric	Indicates the race of beneficiary	0 = Unknown 1 = White 2 = Black or African American 3 = Other 4 = Asian/Pacific Islander 5 = Hispanic 6 = American Indian/Alaska Native	direct move from the input a/b denominator record

11 Beneficiary Age	46	47	Numeric	Chronological (as opposed to legal or Medicare) age of the beneficiary at the end of the year preceding the reference year of the Denominator File.		direct move from the input a/b denominator record
12 Beneficiary Original Reason for Entitlement (OREC) Code	48	48	Alphanumeric	Reason for the beneficiary's original entitlement to Medicare benefits (that is, when the beneficiary first enrolled in the Medicare program).	0 = Old Age & Survivors Insurance (OASI) 1 = Disability Insurance Benefits (DIB) 2 = End Stage Renal Disease (ESRD) 3 = Both DIB & ESRD	direct move from the input a/b denominator record
13 Beneficiary Current Reason for Entitlement (CREC) Code	49	49	Alphanumeric	Reason for the beneficiary's current entitlement to Medicare benefits (that is, March of the year after the reference year).	0 = Old Age & Survivors Insurance (OASI) 1 = Disability Insurance Benefits (DIB) 2 = End Stage Renal Disease (ESRD) 3 = Both DIB & ESRD	direct move from the input a/b denominator record
14 ESRD Indicator	50	50	Alphanumeric	Indicates if a beneficiary was recorded as having ESRD during the reference year.	Y = indicates ESRD history 0 = indicates no ESRD history	direct move from the input a/b denominator record
15 Beneficiary Medicare Status Code (MSC)	51	52	Alphanumeric	Status of the beneficiary's entitlement to Medicare benefits as of the update of the UEDB used to create the Denominator File (March of the year after the reference year).	10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD Only	direct move from the input a/b denominator record
16 Beneficiary Medicare Part A Termination Code	53	53	Alphanumeric	Code specifying the reason of the beneficiary's termination of entitlement to Medicare Part A benefits.	0 = Not Terminated 1 = Dead (with Validated Day of Death) 2 = Non-Payment of Premium 3 = Voluntary Withdrawal 9 = Other Termination Reason	direct move from the input a/b denominator record
17 Beneficiary Medicare Part B Termination Code	54	54	Alphanumeric	Code specifying the reason of the beneficiary's termination of entitlement to Medicare Part B benefits.	0 = Not Terminated 1 = Dead (with Validated Day of Death) 2 = Non-Payment of Premium 3 = Voluntary Withdrawal 9 = Other Termination Reason	direct move from the input a/b denominator record
18 Denominator File Filler Field	55	55	Alphanumeric	This field is not maintained nor edited for the Denominator File and serves the purpose of filling 1-byte to help maintain the integrity of the Denominator File Record Layout.		
19 Beneficiary Medicare Entitlement/Buy-In Indicators (January - December)	56	67	Alphanumeric	Indicates for each month of the Denominator reference year, the entitlement of the beneficiary to Medicare Part A, Medicare Part B, or Medicare Parts A and B both, as well as whether or not the beneficiary's state of residence was liable and paid for the beneficiary's Medicare Part B monthly premiums.	0 = Not Entitled 1 = Medicare Part A Only 2 = Medicare Part B Only 3 = Medicare Parts A and B Both A = Medicare Part A and State Buy-In B = Medicare Part B and State Buy-In C = Medicare Parts A and B, and State Buy-In	direct move from the input a/b denominator record

20 Beneficiary Monthly Capitated Premium Indicators (January - December)	68 79 Alphanumeric	Indicates for each month of the Denominator reference year, the Health Maintenance Organization (HMO) -- used generically to identify A/B plans) coverage of the beneficiary.	<p>0 = Not enrolled in Medicare or alternatively not a Member of an HMO; use with Entitlement Indicator</p> <p>1 = Non Lock-In, CMS to Process Provider Claims, Cost-Type Contract</p> <p>2 = Non Lock-In, HMO to Process In-Plan Medicare Part A and In-Area Medicare Part B Claims, Cost-Type Contract</p> <p>4 = Chronic Care Disease Management Organizations-FFS Plan (NOTE: Suggest treating as FFS as claims come through CWF)</p> <p>A = Lock-In, CMS to Process Provider Claims Risk-Type Contract</p> <p>B = Lock-In, HMO to Process In-Plan Medicare Part A and Part B Claims, Risk Type Contract</p> <p>C = Lock-In, HMO to Process All Provider Claims, Medicare + Choice Type Contract</p>	direct move from the input a/b denominator record
21 On/Off Creditable Coverage Switch	80 80 Alphanumeric	Indicates for the Denominator reference year, the presence or absence of creditable coverage status.	<p>'X' = Enrolled in Medicare A and/or B, but no MIIR record for the year</p> <p>0 = No instances of any creditable coverage status switch being "ON" at any point during the year</p> <p>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>	The values in the 5 creditable coverage categories were derived from MIIR.
22 Plan-Value Indicators (January - December)	81 92 Alphanumeric	Indicates for each month of the Denominator reference year, the Part D enrollment, which is based on the 1st digit of the Part D contract number.	<p>12 monthly 1-byte indicators</p> <p>Recodes only indicating type of plan; no 5-digit plan numbers.</p> <p>'0' = Not Medicare enrolled for the month</p> <p>'X' = Enrolled in Medicare A and/or B, but no MIIR record for the month</p> <p>H = Managed Care Organizations other than Regional PPO</p> <p>R = Regional PPO</p> <p>S = PDP</p> <p>N = Not Part D Enrolled</p> <p>E = Employer-sponsored (starting January 2007)</p>	the first digit of the 5-digit contract number from the matching intermediate record; if there is no matching intermediate record, an 'x' is moved.

23 Denominator Cost Share Group (January - December)

93 116 Alphanumeric

Calculated field that describes a beneficiary's subsidy and/or copayment status.

12-monthly 2-byte indicators

'00' = Not Medicare enrolled for the month  
'XX' = Enrolled in Medicare A and/or B, but no MIIR record for the month

**Enrolled in Medicare A and/or B and enrolled in Part D and:**

'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

**Enrolled in Medicare A and/or B, but not Part D enrolled and:**

'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 met

calculated from variables in the initial Intermediate MIIR File and outputted to the Part D Denominator File and the modified Intermediate MIIR File; if there is no matching intermediate record, an 'xx' is moved.

24 Retiree Drug Subsidy Indicators (January - December)

117 128 Alphanumeric

Indicates for each month of the Denominator reference year, whether the employer should be subsidized for the beneficiary.

12 monthly 1-byte indicators

'0' = Not Medicare enrolled for the month  
'X' = 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

direct move from the edited-rds-field, on the matching intermediate record; if there is no matching intermediate record, an 'x' is moved.

25	State Reported Dual Eligible Status Code (January - December)	129	152	Alphanumeric	Indicates for each month of the Denominator reference year, the dual eligibility status, if any, for the beneficiary.	12 monthly 2-byte indicators  '00' = Not Medicare enrolled for the month 'XX' = 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	direct move from the matching intermediate record; if there is no matching intermediate record, an 'xx' is moved.
26	Month Count of Beneficiary Medicare Part A Coverage	153	154	Numeric	Contains the total number of months of Medicare Part A coverage 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 Entitlement/Buy-In Indicators = 1, 3, A or C.	direct move from the input a/b denominator record
27	Month Count of Beneficiary Medicare Part B Coverage	155	156	Numeric	Contains the total number of months of Medicare Part B coverage 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 Entitlement/Buy-In Indicators = 2, 3, B or C.	direct move from the input a/b denominator record
28	Month Count of Beneficiary HMO Coverage	157	158	Numeric	Contains the total number of months of HMO coverage 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 HMO Indicators = 1, 2, 4, A, B, or C.	direct move from the input a/b denominator record
29	Month Count of Beneficiary State Buy-In Coverage	159	160	Numeric	Contains the total number of months of state buy-in coverage 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 Entitlement/Buy-In Indicators = A, B or C.	direct move from the input a/b denominator record
30	Plan Coverage Months	161	162	Numeric	Contains the total number of months of Part D plan coverage 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 for each monthly when the Plan Indicators = H, R, S, or E.	calculated: add +1 to this counter for each monthly plan-value-indicator (pos. 81-92) = h, r, s or e.
31	Retiree Drug Subsidy Months	163	164	Numeric	Contains the total number of months the employer is entitled to a retiree drug subsidy 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 Retiree Drug Subsidy Indicators = Y.	calculated: add +1 to this counter for each monthly rds-indicator (pos. 117-128) = Y.
32	Medicaid Dual Eligible Months	165	166	Numeric	Contains the total number 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 '^'^.	calculated: add +1 to this counter for each monthly dual-status-code (pos. 129-152) = 01, 02, 03, 04, 05, 06, 08 or 09.
33	Filler	167	169	Alphanumeric			
34	Research Triangle Institute Race Code	170	170	Alphanumeric	Enhanced race/ethnicity designation based on first	'x' = Enrolled in Medicare A and/or B, but no MIIR record	direct move from the matching

and last name algorithms.

found; unable to determine RTI Race Code

intermediate record;

0 = Unknown  
1 = Non-Hispanic White  
2 = Black (or African American)  
3 = Other  
4 = Asian/Pacific Islander  
5 = Hispanic  
6 = American Indian/Alaska Native

35	Valid Date of Death Indicator	171	171	Alphanumeric	Indicates that a beneficiary's day of death has been verified (by SSA or the RRB) as the exact day of the beneficiary becoming deceased.	'V' = Verified ' ' = Blank	direct move from the input a/b denominator record
36	Date of Death	172	179	Numeric	Indicates the beneficiary's date of death.		direct move from the input a/b denominator record
37	Reference Year	180	181	Numeric	The two-digit reference year of the Denominator File.		direct move from the input a/b denominator record