Documentation for the Part D Enrollment File
February 1, 2019

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

COL	FIELD	LENGTH	NOTES
1	Patient ID **(patient_id)** **SEER Cases (Patient ID)**	11	
1	Registry	2	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
3	Case Number	8	Encrypted SEER Case Number
11	Filler	1	Blank Space
	Non Cancer Patients (Patient Id)		
1	HIC **(hicbic)**	11	Encrypted ID for Non Cancer Patients
12	Research Triangle Institute Race Code (**rtirace**)	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

COL	FIELD	LENGTH	NOTES
13	On/Off Creditable Coverage Switch **(cred07-cred16)**	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).
23	Plan-Value Indicators (Jan. – Dec.) **(plan07_01-plan07_12)**	12*1	12 monthly 1-byte indicators for each year from 2007 to 2016 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) X = Limited Income Newly Eligible Transition plan (LINET, starting July 2009)
35	Plan-Value Indicators (Jan. – Dec.) **(plan08_01-plan08_12)**	12*1	12 monthly 1-byte indicators for 2008
47	Plan-Value Indicators (Jan. – Dec.) **(plan09_01-plan09_12)**	12*1	12 monthly 1-byte indicators for 2009

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59	Plan-Value Indicators (Jan. – Dec.) **(plan10_01-plan10_12)**	12*1	12 monthly 1-byte indicators for 2010
71	Plan-Value Indicators (Jan. – Dec.) **(plan11_01-plan11_12)**	12*1	12 monthly 1-byte indicators for 2011
83	Plan-Value Indicators (Jan. – Dec.) **(plan12_01-plan12_12)**	12*1	12 monthly 1-byte indicators for 2012
95	Plan-Value Indicators (Jan. – Dec.) **(plan13_01-plan13_12)**	12*1	12 monthly 1-byte indicators for 2013
107	Plan-Value Indicators (Jan. – Dec.) **(plan14_01-plan14_12)**	12*1	12 monthly 1-byte indicators for 2014
119	Plan-Value Indicators (Jan. – Dec.) **(plan15_01-plan15_12)**	12*1	12 monthly 1-byte indicators for 2015
131	Plan-Value Indicators (Jan. – Dec.) **(plan16_01-plan16_12)**	12*1	12 monthly 1-byte indicators for 2016

COL	FIELD	LENGTH	NOTES
143	Denominator Cost Share Group (Jan. – Dec.) **(cost07_01-cost07_12)**	12*2	12 monthly 2-byte indicators for each year from 2007 to 2016
			Calculated field that describes a beneficiary's subsidy and/or copayment status.
			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
167	Denominator Cost Share Group (Jan. – Dec.) **(cost08_01-cost08_12)**	12*2	12 monthly 2-byte indicators for 2008
191	Denominator Cost Share Group (Jan. – Dec.) **(cost09_01-cost09_12)**	12*2	12 monthly 2-byte indicators for 2009

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

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

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503	State Reported Dual Eligible Status Code (Jan. – Dec.) **(dual07_01-dual07_12)**	12*2	12 monthly 2-byte indicators for each year from 2007 to 2016 Indicates for each month of the Denominator reference year, the dual eligibility status, if any, for the beneficiary. 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
527	State Reported Dual Eligible Status Code (Jan. – Dec.) **(dual08_01-dual08_12)**	12*2	12 monthly 2-byte indicators for 2008
551	State Reported Dual Eligible Status Code (Jan. – Dec.) **(dual09_01-dual09_12)**	12*2	12 monthly 2-byte indicators for 2009
575	State Reported Dual Eligible Status Code (Jan. – Dec.) **(dual10_01-dual10_12)**	12*2	12 monthly 2-byte indicators for 2010
599	State Reported Dual Eligible Status Code (Jan. – Dec.) **(dual11_01-dual11_12)**	12*2	12 monthly 2-byte indicators for 2011

COL	FIELD	LENGTH	NOTES
623	State Reported Dual Eligible Status Code (Jan. – Dec.) **(dual12_01-dual12_12)**	12*2	12 monthly 2-byte indicators for 2012
647	State Reported Dual Eligible Status Code (Jan. – Dec.) **(dual13_01-dual13_12)**	12*2	12 monthly 2-byte indicators for 2013
671	State Reported Dual Eligible Status Code (Jan. – Dec.) **(dual14_01-dual14_12)**	12*2	12 monthly 2-byte indicators for 2014
695	State Reported Dual Eligible Status Code (Jan. – Dec.) **(dual15_01-dual15_12)**	12*2	12 monthly 2-byte indicators for 2015
719	State Reported Dual Eligible Status Code (Jan. – Dec.) **(dual16_01-dual16_12)**	12*2	12 monthly 2-byte indicators for 2016
743	Plan Coverage Months **(ptd07-ptd16)**	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 **(rdscnt07-rdscnt16)**	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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783	Medicaid Dual Eligible Months **(dualcnt07-dualcnt16)**	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	