FILENAME: sumdenom.noncancer.txt.gz

RECORD FORMAT: Fixed Block

RECORD LENGTH: 1906

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 1991-2011. Variables include his/her unique Medicare health insurance claim number (the HIC is transposed 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.

| COL | FIELD | LENGTH | NOTES |
|---|---|---|---|
| 1 | Patient ID **(patient_id)** | 11 | Encrypted HIC Number |
| 12 | Date of Birth **(birthm, birthd, birthyr)** | 8 | Medicare Date of Birth (MMDDYYYY) |
| 20 | Valid Date of Death **(vdeath)** | 1 | N = No<br>Y = Yes |
| 21 | Date of Death **(med_dodm, med_dodd, med_dody)** | 8 | Medicare Date of Death (MMDDYYYY) |
| 29 | Sex **(sex)** | 1 | 1 = Male<br>2 = Female |
| 30 | Race **(race)** | 1 | 0 = Unknown<br>1 = White<br>2 = Black<br>3 = Other<br>4 = Asian<br>5 = Hispanic<br>6 = N. Am. Native |
| 31 | Original Reason For Entitlement (OREC) **(rsncd1)** | 1 | 0 = OSAI<br>1 = DIB<br>2 = ESRD<br>3 = DIB/ESRD |
| 32 | Current Reason for Entitlement (CREC) **(cur_ent)** | 1 | 0 = OSAI<br>1 = DIB<br>2 = ESRD<br>3 = DIB/ESRD |
| 33 | Year of Current Reason for Entitlement **(cur_yr)** | 4 | YYYY |
| 37 | End Stage Renal Disease Indicator (ESRD) **(chr_esrd)** | 1 | 0 = No ESRD<br>Y = Bene. Has ESRD |
| 38 | Year of End Stage Renal Disease **(chr_esrd_yr)** | 4 | YYYY |
| 42 | Medicare Status Code **(med_stcd)** | 2 | 10 = Aged<br>11 = Aged with ESRD<br>20 = Disabled<br>21 = Disabled with ESRD<br>31 = ESRD Only |

| | | | |
|---|---|---|---|
| 44 | Year of Medicare Status Code **(medst_yr)** | 4 | YYYY |
| 48 | Keep Flag **(keepflg)** | 1 | 0 = Patient did not meet entitlement requirement<br>1 = Patient in registry 01 to 35 with entitlement in 1991<br>2 = Patient in registry 01 to 37 with entitlement in 1992-1999<br>3 = Patient in registry 01 to 47 with entitlement in 2000-2009 |
| 49 | Linkage Flag **(linkflag)** | 1 | Indicates the linkage the patient is first associated with.<br>1 = 2005 linkage, earliest claim year is 1991<br>2 = 2008 linkage, earliest claim year is 1998<br>3 = 2010 linkage, earliest claim year is 2000<br>4 = 2012 linkage, earliest claim year is 2002 |
| 50 | Sumdenom Status Flag **(sumstat)** | 1 | Indicates if patient was found in the cancer sample but is not in the PEDSF file.<br>1 = Not found in the cancer sample<br>2 = Found in the cancer sample but is not included in the PEDSF file. |

**Part D Denominator**

| | | | |
|---|---|---|---|
| 60 | Research Triangle Institute Race Code (**rtirace)** | 1 | Occurs just once. Taken from the last available record in the Part D Denominator files.<br><br>Enhanced race/ethnicity designation based on first and last name algorithms.<br><br>X = Enrolled in Medicare A and/or B, but no MIIR record found; unable to determine RTI Race Code<br>0 = Unknown<br>1 = Non-Hispanic White<br>2 = Black (or African American)<br>3 = Other<br>4 = Asian/Pacific Islander<br>5 = Hispanic<br>6 = American Indian/Alaska Native |

## Repeated Part D Denominator Information

* Columns 61 to 140 are repeated 6 times. Race, subsidy and entitlement information from the Part D Denominator file are provided from 2006 to 2011. (YY = the year of the file, ex. 06). These variables repeat once for each year from 2006 to 2011.

| | | | |
|---|---|---|---|
| 61 | On/Off Creditable Coverage Switch<br>**(credYY)** | 1 | Indicates for the Denominator reference year, the presence or absence of creditable coverage status.<br><br>* = Enrolled in Medicare A and /or B, but no MIIR record for the year<br>0 = No instances of any creditable coverage status switch being "ON" at any point during the year<br>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 catergories (i.e., FEHB, Tricare, VA, SPAP, or working aged). |
| 62 | Plan-Value Indicators (Jan. – Dec.)<br>**(planYY_01-planYY_12)** | 12*1 | 12 monthly 1-byte indicators<br><br>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.<br><br>Recodes only indicating type of plan; no 5-digit plan numbers.<br>0 = Not Medicare enrolled for the month<br>* = Enrolled in Medicare A and/or B, but no MIIR record for the month<br>H = Managed Care Organizations other than Regional PPO<br>R = Regional PPO<br>S = PDP<br>N = Not Part D Enrolled<br>E = Employer-sponsored (starting in Jan. 2007) |

| | | | |
|---|---|---|---|
| 74 | Denominator Cost Share Group<br>(Jan. – Dec.)<br>**(costYY_01-costYY_12)** | 12*2 | 12 monthly 2-byte indicators<br><br>Calculated field that describes a beneficiary s Subsidy and/or copayment status.<br><br>00 = Not Medicare enrolled for the month<br>** = Enrolled in Medicare A and/or B, but no MIIR record for the month<br>01 = Bene is deemed with 100% premium-subsidy and no copayment<br>02 = Bene is deemed with 100% premium-subsidy and low copayment<br>03 = Bene is deemed with 100% premium-subsidy and high copayment<br>04 = Bene with LIS, 100% premium-subsidy and high copayment<br>05 = Bene with LIS, 100% premium-subsidy and 15% copayment<br>06 = Bene with LIS, 75% premium-subsidy and 15% copayment<br>07 = Bene with LIS, 50% premium-subsidy and 15% copayment<br>08 = Bene with LIS, 25% premium-subsidy and 15% copayment<br>09 = No premium-subsidy and no copayment<br>10 = Not enrolled in Part D, but employer is entitled for RDS subsidy<br>11 = Bene with creditable coverage but no RDS<br>12 = Not Part D enrolled. No RDS and no creditable coverage<br>13 = None of the above conditions have been met |
| 98 | Retiree Drug Subsidy Indicators<br>(Jan. – Dec.)<br>**(rdsYY_01-rdsYY_12)** | 12*1 | 12 monthly 1-byte indicators<br><br>Indicates for each month of the Denominator reference year, whether the employer should be subsidized for the beneficiary.<br><br>0 = Not Medicare enrolled for the month<br>* = Enrolled in Medicare A and/or B, but no MIIR record for the month<br>Y = Employer subsidized for the retired beneficiary<br>N = No employer subsidization for the retired beneficiary |

| | | | |
|---|---|---|---|
| 110 | State Reported Dual Eligible Status Code<br>(Jan. – Dec.)<br>**(dualYY_01-dualYY_12)** | 12*2 | 12 monthly 2-byte indicators Indicates for each month of the Denominator reference year, the dual eligibility status, if any, for the beneficiary.<br><br>00 = Not Medicare enrolled for the month<br>** = Enrolled in Medicare A and/or B, but no MIIR record for the month<br>NA = Non-Medicaid<br>01 = QMB only<br>02 = QMB and Medicaid coverage including RX<br>03 = SLMB only<br>04 = SLMB and Medicaid coverage including RX<br>05 = QDWI<br>06 = Qualifying Individuals<br>08 = Other Dual Eligibles (Non-QMB, SLMB, QWDI, or QI) w/Medicaid coverage including RX<br>09 = Other Dual Eligibles but without Medicaid coverage<br>99 = Unknown |
| 134 | Plan Coverage Months<br>**(ptdYY)** | 2 | Contains the total number of months of Part D plan coverage for the beneficiary.<br><br>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. |
| 136 | Retiree Drug Subsidy Months<br>**(rdscntYY)** | 2 | Contains the total number of months the employer is entitled to a retiree drug subsidy for the beneficiary.<br><br>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. |

| | | | |
|---|---|---|---|
| 138 | Medicaid Dual Eligible Months **(dualcntYY)** | 2 | Contains the total numbers of months of dual eligibility for the beneficiary.<br><br>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. |
| 140 | Filler | 1 | This filler section repeats with the part D data. |

* Columns 541 to 561 are repeated 21 times, once for each year in 1991 thru 2011. If the patient was not entitled during that year then that information will be blank.

| | | | |
|---|---|---|---|
| 541* | State **(state1991-state2011)** | 2 | FIPS Standard<br>01 = Alabama<br>02 = Alaska<br>04 = Arizona<br>05 = Arkansas<br>06 = California<br>08 = Colorado<br>09 = Connecticut<br>10 = Delaware<br>11 = Washington, D.C.<br>12 = Florida<br>13 = Georgia<br>15 = Hawaii<br>16 = Idaho<br>17 = Illinois<br>18 = Indiana<br>19 = Iowa<br>20 = Kansas<br>21 = Kentucky<br>22 = Louisiana<br>23 = Maine<br>24 = Maryland<br>25 = Massachusetts<br>26 = Michigan<br>27 = Minnesota<br>28 = Mississippi<br>29 = Missouri<br>30 = Montana<br>31 = Nebraska<br>32 = Nevada<br>33 = New Hampshire<br>34 = New Jersey<br>35 = New Mexico<br>36 = New York<br>37 = North Carolina |

| | | | |
|---|---|---|---|
| | | | 38 = North Dakota<br>39 = Ohio<br>40 = Oklahoma<br>41 = Oregon<br>42 = Pennsylvania<br>43 = Puerto Rico<br>44 = Rhode Island<br>45 = South Carolina<br>46 = South Dakota<br>47 = Tennessee<br>48 = Texas<br>49 = Utah<br>50 = Vermont<br>51 = Virginia<br>53 = Washington<br>54 = West Virginia<br>55 = Wisconsin<br>56 = Wyoming<br>**NOTE: State is assigned as the last state lived in for that year** |
| 543* | County<br>**(cnty1991-cnty2011)** | 3 | FIPS Standard<br>**NOTE: County is assigned as the last county lived in for that year.** |
| 546* | Zip Code<br>**(zip1991-zip2011)** | 9 | Zip code<br>**NOTE: Zip code is assigned as the last zip code lived in for that year.** |
| 555* | Urban/Rural Code<br>**(urban1991-urban2011)** | 2 | 01 -09, 99 see attachment. |
| 557* | Urban/Rural Recode<br>**(urbrec1991-urbrec2011)** | 1 | 1 = Big Metro<br>2 = Metro<br>3 = Urban<br>4 = Less Urban<br>5 = Rural |

| | | | |
|---|---|---|---|
| 558* | Registry Code **(registry1991-registry2011)** | 2 | 01 = San Francisco<br>02 = Connecticut<br>20 = Detroit<br>21 = Hawaii<br>22 = Iowa<br>23 = New Mexico<br>25 = Seattle<br>26 = Utah<br>27 = Atlanta<br>31 = San Jose<br>35 = Los Angeles<br>37 = Rural Georgia<br>41 = Greater California<br>42 = Kentucky<br>43 = Louisiana<br>44 = New Jersey<br>47 = Greater Georgia<br>NA = Has not lived in a registry yet<br>**NOTE:**<br>**First registry found is retained until patient moved into a new registry.** |
| 560* | Registry Code #2 **(reg2cd1991-reg2cd2011)** | 2 | 01 = San Francisco<br>02 = Connecticut<br>20 = Detroit<br>21 = Hawaii<br>22 = Iowa<br>23 = New Mexico<br>25 = Seattle<br>26 = Utah<br>27 = Atlanta<br>31 = San Jose<br>35 = Los Angeles<br>37 = Rural Georgia<br>41 = Greater California<br>42 = Kentucky<br>43 = Louisiana<br>44 = New Jersey<br>47 = Greater Georgia<br>99 = Did not live in a registry for this year<br>**NOTE:**<br>**Registry is based off the state and county, which is the last residence the patient lived at for that year.** |

* Columns 982 to 1025 are repeated 21 times, once for each year in 1991 thru 2011. If the patient was not entitled during that year then that information will be blank.

| | | | |
|---|---|---|---|
| 982* | Entitlement Indicators by month of reference year. (**ent1-ent252)** | 12 | Indicates entitlement for each month from 1/1991 to 12/2011.<br>ent1 = January 1991<br>ent252 = December 2011<br>0 = Not Entitled<br>1 = Part A only<br>2 = Part B only<br>3 = Part A and Part B |
| 994* | Health Maintenance Organization (HMO by month of reference year). **(hmo1-hmo252)** | 12 | Indicates entitlement for each month from 1/1991 to 12/2011.<br>hmo1 = January 1991<br>hmo252 = December 2011<br>0 = Not Member of HMO<br>1 = Non Lock-in, CMS to process Provider<br>2 = Non Lock-in, GHO to process in-plan Part A & in-area Part B claims<br>4 = Fee-for-Service participant in case or disease management demonstration projects (effective 2005 forward)<br>A = Lock-in, CMS to process provider claims<br>B = Lock-in, GHO to process in-plan Part A and in-area Part B claims<br>C = Lock-in, GHO to process all provider claims |
| 1006* | State Buy In Coverage **(allflag1-allflag252)** | 12 | Indicates State Buy in Coverage for each month from 1/1991 to 12/2011.<br>allflag1 = January 1991<br>allflag252 = December 2011<br>0 = Not entitled<br>1 = Part A only<br>2 = Part B only<br>3 = Part A and B<br>4 = ???<br>5 = A only, state buy-in<br>6 = A only, state buy-in<br>7 = A and B, state buy-in<br>8 =<br>9 = |
| 1018* | Total Months Part A Cov. **(pta1991-pta2011)** | 2 | 00-12 |
| 1020* | Total Months Part B Cov. **(ptb1991-ptb2011)** | 2 | 00-12 |
| 1022* | Total Months HMO Coverage **(hmon1991-hmon2011)** | 2 | 00-12 |

| | | | |
|---|---|---|---|
| 1024* | Total Months State Buy-in **(stbuyin1991-stbuyin2011)** | 2 | 00-12 |
| 1906 | Filler | 1 | |

Note:

**Rural/Urban Continuum as Defined in the 2004 ARF file**
(urban/rural code)

The **2003 Rural/Urban Continuum Codes** are from Economic Research Service (ERS), Department of Agriculture. The codes form a classification scheme that distinguishes metropolitan (metro) counties by the population size of their metro area and nonmetropolitan (nonmetro) counties by degree of urbanization and adjacency to a metro area or nonmetro areas. All U.S. counties and county equivalents are grouped according to the official metro status announced by the Office of Management and Budget (OMB) in June 2003, when the population and worker commuting criteria used to identify metro counties were applied to results of the 2000 Census.

Metro counties are distinguished by population size of the Metropolitan Statistical Area of which they are part. Nonmetro counties are classified according to the aggregate size of their urban population. Within the three urban size categories, nonmetro counties are further identified by whether or not they have some functional adjacency to a metro area or areas. A nonmetro county is defined as adjacent if it physically adjoins one or more metro areas, and has at least 2 percent of its employed labor force commuting to central metro counties. Nonmetro counties that do not meet these criteria are classed as nonadjacent.

In concept, the 2003 version of the Rural-Urban Continuum Codes is comparable with that of earlier decades. However, OMB made major changes in its metro area delineation procedures for the 2000 Census, and the Census Bureau changed the way in which rural and urban are measured. Therefore, the new Rural-Urban Continuum Codes are not fully comparable with those of earlier years. OMB s changes added some additional metro areas by no longer requiring that a metro area must have at least 100,000 population if its urbanized area has no place of at least 50,000 people. More importantly, simplifying the worker commuting criteria that determine outlying metro counties had the effect of both adding numerous new outlying counties to metro status while deleting a smaller number that were previously metro.

The Census Bureau made a radical shift in determining rural-urban boundaries by changing and liberalizing the procedures for delineating urbanized areas of 50,000 or more people, and abandoning place boundaries in measuring urban or rural population. The procedures used in defining Urbanized Areas were extended down to clusters of 2,500 or more people, based solely on population density per square mile.

In earlier versions of the Rural-Urban Continuum Codes, metro areas with 1 million population or more were subdivided between central counties (Code 0) and fringe counties (Code 1). The Code 1 group has become much less meaningful in the last two censuses as more and more counties of large metro areas have been rated as central counties by OMB procedures. In 2000, only 1.6 percent of the population of large metro areas was in fringe counties. Therefore, this distinction has been dropped. Codes 0 and 1 have been combined, and the new code 1 represents all counties in metro areas of 1 million or more population.

The 2003 Rural/Urban Continuum Codes are defined as follows:

| CODE | METROPOLITAN COUNTIES (1-3) |
|---|---|
| 01 | Counties of metro areas of 1 million population or more |
| 02 | Counties in metro areas of 250,000 - 1,000,000 population |
| 03 | Counties in metro areas of fewer than 250,000 population |
| | **NONMETROPOLITAN COUNTIES (4-9)** |
| 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 2,500-19,999, adjacent to a metro area |
| 07 | Urban population of 2,500-19,999, 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 |
| 99 | Missing Value |