

**Medicare Surveillance  
Summarized Denominator File**

February 12, 2003

FILENAME:           sumdenom.txt.gz  
RECORD FORMAT:     Fixed Block  
RECORD LENGTH:     835  
RECORDS:            353,990

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 1986-2001. 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 (transposed) 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.

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<u>Col</u>	<u>Field</u>	<u>Length</u>	<u>Format</u>	<u>Values</u>
01	HIC (hicbic)	11	Character	
12	Date of Birth (birthm, birthd, birthy)	8	MMDDYYYY	
20	Valid Date of Death (vdeath)	1	Character	'N' = 'No' 'Y' = 'Yes'
21	Date of Death (med_dodm, med_dodd, med_dody)	8	MMDDYYYY	
29	Sex (sex)	1	Character	'1' = 'Male' '2' = 'Female'
30	Race (race)	1	Character	'0' = 'Unknown' '1' = 'White' '2' = 'Black' '3' = 'Other' '4' = 'Asian' '5' = 'Hispanic' '6' = 'N. Am. Native'
31	Original Reason for Entitlement (OREC) (rsncd1)	1	Character	'0' = 'OSAI' '1' = 'DIB' '2' = 'ESRD' '3' = 'DIB/ESRD'
32	Current Reason for Entitlement (CREC) (cur_ent)	1	Character	Same as OREC
33	End Stage Renal Disease Indicator (ESRD) (chr_esrd)	1	Character	'0' = 'No ESRD' 'Y' = 'Bene. has ESRD'
34	Medicare Status Code (med_stcd)	2	Character	'10' = 'Aged' '11' = 'Aged with ESRD' '20' = 'Disabled' '21' = 'Disabled with ESRD' '31' = 'ESRD Only'
36*	State (st1986-st2002)	2	Character	FIPS Standard '01'='Alabama' '02'='Alaska' '04'='Arizona' '05'='Arkansas' '06'='California' '08'='Colorado' '09'='Connecticut' '10'='Delaware' '11'='Washington, D.C.' '12'='Florida' '13'='Georgia' '15'='Hawaii' '16'='Idaho' '17'='Illinois' '18'='Indiana' '19'='Iowa' '20'='Kansas' '21'='Kentucky'

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'22'='Louisiana'  
'23'='Maine'  
'24'='Maryland'  
'25'='Massachusetts'  
'26'='Michigan'  
'27'='Minnesota'  
'28'='Mississippi'  
'29'='Missouri'  
'30'='Montana'  
'31'='Nebraska'  
'32'='Nevada'  
'33'='New Hampshire'  
'34'='New Jersey'  
'35'='New Mexico'  
'36'='New York'  
'37'='North Carolina'  
'38'='North Dakota'  
'39'='Ohio'  
'40'='Oklahoma'  
'41'='Oregon'  
'42'='Pennsylvania'  
'43'='Puerto Rico'  
'44'='Rhode Island'  
'45'='South Carolina'  
'46'='South Dakota'  
'47'='Tennessee'  
'48'='Texas'  
'49'='Utah'  
'50'='Vermont'  
'51'='Virginia'  
'53'='Washington'  
'54'='West Virginia'  
'55'='Wisconsin'  
'56'='Wyoming'

38*	County ( <b>cnty1986-cnty2002</b> )	3	Character	FIPS Standard
41*	Zip code ( <b>zip1986-zip2002</b> )	9	Character	
50*	Urban/Rural Code ( <b>urban1986-urban2002</b> )	1	Character	'1' - 'Big Metro' '2' - 'Metro' '3' - 'Urban' '4' - 'Less Urban' '5' - 'Rural'

\* Columns 36-50 are repeated 17 times - once for each year in 1986 thru 2002. If the patient was not entitled during that year then that information will be blank.

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<u>Col</u>	<u>Field</u>	<u>Length</u>	<u>Format</u>	<u>Values</u>
291*	Entitlement/Buy-in Indicators by month of reference year. position: 1 = January 12 = December <b>(ent1-ent204)</b>	12	Character	'0' - 'Not Entitled' '1' - 'Part A only' '2' - 'Part B only' '3' - 'Part A and Part B'
303*	Health Maintenance Organization (HMO by month of reference year. position: 1 = January 12 = December <b>(hmo1-hmo204)</b>	12	Character	'0' - 'Not Member of HMO' '1' - 'Non Lock-in, CMS to process Provider claims' '2' - 'Non Lock-in, GHO to process in-plan Part A & in-area Part B claims' 'A' - 'Lock-in, CMS to process provider claims' 'B' - 'Lock-in, GHO to process in-plan Part A and in-area Part B claims' 'C' - 'Lock-in, GHO to process all provider claims'
315*	Total Months Part A Cov. <b>(pta1986-pta2002)</b>	2	Numeric	00-12
317*	Total Months Part B Cov. <b>(ptb1986-ptb2002)</b>	2	Numeric	00-12
319*	Total Months HMO Coverage <b>(hmon1986-hmon2002)</b>	2	Numeric	00-12
321*	Total Months State Buy-in <b>(stbuy1986-stbuy2002)</b>	2	Numeric	00-12
835	filler	1	Character	

\* Columns 291-322 are repeated 17 times - once for each year in 1986 thru 2002.

Notes:

State/County:

- The state/county variable received in the CMS EDB data is based on SSA state/county codes. These codes have been converted to FIPS standard state/county codes using a match file received from CMS.