

**Beneficiary Annual Summary File  
Data Dictionary (2007 - Forward)**

VARIABLE	LABEL	LENGTH	TYPE	DESCRIPTION
BENE_ID	Encrypted 723 Beneficiary ID	15	char	Encrypted 723 Beneficiary ID.
BIC	Beneficiary Identification Code	2	char	Equated Beneficiary Identification Code
STATE_CD	State code (SSA)	2	char	SSA (Social Security Administration) State Code.
CNTY_CD	County code (SSA)	3	char	SSA (Social Security Administration) Country Code.
BENE_ZIP	Zip code of residence	5	char	Zip code based on the mailing address used for mailing cash benefits to the beneficiary or for other purposes (e.g., premium bill mailings).
METRO	Metro Status	1	char	Indicator that specifies whether the beneficiary lived in a Core Based Statistical Area (CBSA) as of beginning of the calendar year. [Note: For 2008-forward BASF, CBSA is used for this variable. For 2007 and prior, Metropolitan Statistical Area (MSA) was used for this variable.] 0 – Not live in CBSA 1 – Live in CBSA 2 – Unknown, invalid state or county code 3 – Outside US states
RACE	Beneficiary race code	1	char	0 – Unknown 1 – White 2 – Black 3 – Other 4 – Asian 5 – Hispanic 6 – North American Native
SEX	Sex	1	char	1=Male, 2=Female, 0=Unknown
BENE_DOB	Date of birth (formatted as yyyymmdd)	8	char	Date of birth formatted as yyyymmdd (e.g., 20000301 designates March 1st of 2000)
BENE_DOD	Date of death (formatted as yyyymmdd)	8	char	Date of death formatted as yyyymmdd (e.g., 20000301 designates March 1st of 2000)
MS_CD	Medicare status code	2	char	10 – Aged without ESRD 11 – Aged with ESRD 20 – Disabled without ESRD 21 – Disabled with ESRD 31 – ESRD only
A_MO_CNT	Number of months enrolled in Part A	2	num	The number of months the beneficiary is enrolled in Part A Medicare in the calendar year.
B_MO_CNT	Number of months enrolled in Part B	2	num	The number of months the beneficiary is enrolled in Part B Medicare in the calendar year.
AB_MO_CNT	Number of months enrolled in both Part A and B	2	num	The number of months the beneficiary is enrolled in both Part A and Part B Medicare in the calendar year.
HMO_MO	Number of non FFS months	2	num	Managed care and non-FFS demo coverage count for months when no FFS claims possible for beneficiary in the NCH
BUYIN_MO	Number of months Medicare State Buy-in coverage	2	num	The number of months the beneficiary is enrolled in Medicare Sate Buy-in in the calendar year.
BSTATE_MO_CNT	Number of months enrolled in Part B, state buy-in	2	num	The number of months the beneficiary is enrolled in Part B Medicare Sate Buy-in in the calendar year.
MS_DRG_1-MS_DRG_10	Diagnostic related group associated with an IP admission (1)	3	char	Diagnosis Related Groups (DRGs) for each of the 10 first fee-for-service inpatient stay within the year. Each DRG represents broad clinical categories that are similar in their use of diagnostic resources.
RDDC_CCG_1	Infectious and Parasitic	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year: 001 HIV/AIDS 002 Septicemia/Shock 003 Central Nervous System Infection 004 Tuberculosis 005 Opportunistic Infections 006 Other Infectious Diseases PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.

**Beneficiary Annual Summary File  
Data Dictionary (2007 - Forward)**

VARIABLE	LABEL	LENGTH	TYPE	DESCRIPTION
RDDC_CCG_2	Malignant Neoplasm	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 007 Metastatic Cancer and Acute Leukemia 008 Lung/Upper Digestive/Oth Sev Cancer 009 Lymphatic/Head/Neck/Brain/Maj Cancer 010 Breast/Prostate/Colorectal/Oth Cancer 011 Other Resp and Heart Neoplasms 012 Other digestiv and Urinary Neoplasms PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_3	Benign/In Situ/Uncertain Neoplasm	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 013 Other Neoplasms 014 Ben Neoplasms of Skin, Breast, Eye PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_4	Diabetes	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 015 Diabetes with Renal Manifestation 016 Diabs w/ Neurol/Periph Circ Manifest 017 Diabetes with Acute Complications 018 Diab w/ Ophthalmologic Manifestation 019 Diabetes w/ No/Unspecified comp 020 Type I Diabetes Mellitus PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_5	Nutritional and Metabolic	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 021 Protein-Calorie Malnutrition 022 Oth Significant Endocrine/Metabolic 023 Fluid/Electrolyte/Acid-Base Balance 024 Oth Endocrine/Metabolic/Nutritional PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_6	Liver	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 025 End-Stage Liver Disease 026 Cirrhosis of Liver 027 Chronic Hepatitis 028 Acute Liver Failure/Disease 029 Other Hepatitis and Liver Disease 030 Gallbladder and Biliary Tract Dis PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_7	Gastrointestinal	1	num	An indicator that specifies if the fee-for-service beneficiary had at least on of the following Condition Categories (CCs) during the calendar year. 031 Intestinal Obstruction/Perforation 032 Pancreatic Disease 033 Inflammatory Bowel Disease 034 Peptic Ulcer/Hemorrhage/Oth Spec GI 035 Appendicitis 036 Other Gastrointestinal Disorders PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.

**Beneficiary Annual Summary File  
Data Dictionary (2007 - Forward)**

VARIABLE	LABEL	LENGTH	TYPE	DESCRIPTION
RDDC_CCG_8	Musculoskeletal and Connective Tis.	1	num	An indicator that specifies if the fee-for-service beneficiary had at least on of the following Condition Categories (CCs) during the calendar year. 037 Bone/Joint/Muscle Infect/Necrosis 038 Rheum Arthritis/Inflam Conn Tissue 039 Disorders of Vertebrae/Spinal Discs 040 Osteoarthritis of Hip or Knee 041 Osteoporosis and Oth Bone/Cartilage 042 Cong/Develop Skeletal/Conn Tissue 043 Oth Musculoskeletal/connect Tissue PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_9	Hematological	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 044 Severe Hematological Disorders 045 Disorders of Immunity 046 Coagulation defs/Oth Spec Hematologic 047 Iron Defic, Oth/Unspec Anemias/Blood PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_10	Cognitive Disorders	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 048 Delirium and Encephalopathy 049 Dementia/Cerebral Degeneration 050 Nonpsychotic Org Brain Syndrome/Conditions PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_11	Substance Abuse	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 051 Drug/Alcohol Psychosis 052 Drug/Alcohol Dependence 053 Drug/Alcohol Abuse, W/out Dependence PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_12	Mental	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 054 Schizophrenia 055 Major Depressive, Bipolar, Paranoid 056 Reactive and Unspecified Psychosis 057 Personality Disorders 058 Depression 059 Anxiety Disorders 060 Other Psychiatric Disorders PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_13	Developmental Disability	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 061 Developmental Disability/Profound MR 062 Developmental Disability/Severe MR 063 Mild MR, Autism, Down's Syndrome 064 Develop Disability/Mild/Unspec MR 065 Other Developmental Disability 066 Attention Deficit Disorder PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.

**Beneficiary Annual Summary File  
Data Dictionary (2007 - Forward)**

VARIABLE	LABEL	LENGTH	TYPE	DESCRIPTION
RDDC_CCG_14	Neurological	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 067 Quadriplegia, Oth Extens Paralysis 068 Paraplegia 069 Spinal Cord Disorders/Injuries 070 Muscular Dystrophy 071 Polyneuropathy 072 Multiple Sclerosis 073 Parkinson's and Huntington's Disease 074 Seizure Disorders and Convulsions 075 Coma, Brain Compression/Anoxic Damage 076 Mononeuropathy/Oth Neuro Cond/Inj PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_15	Cardio-Respiratory Arrest	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 077 Resp Depend/Tracheostomy Status 078 Respiratory Arrest 079 Cardio-Respiratory Failure and Shock PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_16	Heart	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 080 Congestive Heart Failure 081 Acute Myocardial Infarction 082 Unstable Angina/Oth ac Ischemic Heart 083 Angina Pectoris/Old Myocardial Infect 084 Coronary Athero/Oth Chron Ischemic Heart 085 Heart Infec/Inflam, Exc Rheumatic 086 Valvular and Rheumatic Heart Disease 087 Major Congen Cardiac/Circ Defect 088 Other Congenital Heart/Circulatory 089 Hypertensive Heart/Renal/Encephalopathy 090 Hypertensive Heart Disease 091 Hypertension 092 Specified Heart Arrhythmias 093 Oth Heart Rhythm/Conduction Dis 094 Other and Unspecified Heart Disease PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_17	Cerebro-Vascular	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 095 Cerebral Hemorrhage 096 Ischemic or Unspecified Stroke 097 Precerebral Art Occl/Trans Cereb Ischem 098 Cerebral Atherosclerosis and Aneurysm 099 Cerebrovascular Disease, Unspecified 100 Hemiplegia/Hemiparesis 101 Cerebral Palsy, Other Paralytic Syndromes 102 Speech/Lang/Cognitive/Perceptual Defecit 103 Cerebrovascular Late Effects/Unspec PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_18	Vascular	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 104 Peripheral Vascular Disease with Complications 105 Peripheral Vascular Disease 106 Other Circulatory Disease PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.

**Beneficiary Annual Summary File  
Data Dictionary (2007 - Forward)**

VARIABLE	LABEL	LENGTH	TYPE	DESCRIPTION
RDDC_CCG_19	Lung	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 107 Cystic Fibrosis 108 chron Obstructive Pulmonary Disease 109 Fibrosis of Lung/Other Chronic Lung 110 Asthma 111 Aspiration/Spec Bacterial Pneumonias 112 Pneumococcal Pneumonia/Empyema/Lung Abs 113 Viral/Unspec Pneumonia, Pleurisy 114 Pleural Effusion/Pneumothorax 115 Other Lung Disorders PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_20	Eyes	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 116 Legally Blind 117 Major Eye Infections/Inflammations 118 Retinal Detachment 119 Prolif Diab Retinop/Vitreous Hmrg 120 Diabetic/Oth Vascular Retinopathies 121 Retinal, Exc Detach/Vasc Retinopathies 122 Glaucoma 123 Cataract 124 Other Eye Disorders PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_21	Ears, Nose, and Throat	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 125 Significant Ear, Nose, and Throat 126 Hearing Loss 127 Other Ear, Nose, Throat, and Mouth PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_22	Urinary System	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 128 Kidney Transplant Status 129 End Stage Renal Disease (Medicare elig) 130 Dialysis Status 131 Renal Failure 132 Nephritis 133 Urinary Obstruction and Retention 134 Incontinence 135 Urinary Tract Infection 136 Other Urinary Tract Disorders PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_23	Genital System	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 137 Female Infertility 138 Pelvic Inflamm/Oth Spec Fem Genital 139 Other Female Genital Disorders 140 Male Genital Disorders PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.

**Beneficiary Annual Summary File  
Data Dictionary (2007 - Forward)**

VARIABLE	LABEL	LENGTH	TYPE	DESCRIPTION
RDDC_CCG_24	Pregnancy-Related	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 141 Ectopic Pregnancy 142 Miscarriage/Abortion 143 Completed Pregnancy W/ Maj Comps 144 Completed Pregnancy With Comps 145 Completed Pregnancy W/out Comps 146 Uncompleted Pregnancy With Comps 147 Uncomp Pregnancy W/ No or Minor Comp PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_25	Skin and Subcutaneous	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 148 Decubitus Ulcer of Skin 149 Chronic Ulcer of Skin, Exc Decubitus 150 Extensive Third-Degree Burns 151 Oth Third-Degree and Extensive Burns 152 Cellulitis, Local Skin Infection 153 Other Dermatological Disorders PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_26	Injury, Poisoning, Complications	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 154 Severe Head Injury 155 Major Head Injury 156 Concussion or Unspec Head Injury 157 Vertebral Fract w/out Spinal Cord Injury 158 Hip Fracture/Dislocation 159 Maj Fract, Exc Skull/Vertebrae/Hip 160 Internal Injuries 161 Traumatic Amputation 162 Other Injuries 163 Poisonings and Allegic Reactions 164 Maj Comp of Medical Care/Trauma 165 Other Complications of Medical Care PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_27	Symptoms, Signs and Ill-Defined Cond	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 166 Major Symptoms, Abnormalities 167 Minor Symptoms, Signs, Findings PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_28	Neonates	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 168 Extremely Low Birthweight Neonates 169 Very Low Birthweight Neonates 170 Ser Perinatal Prob Affect Newborn 171 Oth Perinatal Probs Affecting Newborn 172 Normal, Single Birth PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
RDDC_CCG_29	Transplants, Openings, Other V-Codes	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 173 Major Organ Transplant (procedure) 174 Major Organ Transplant Status 175 Other Organ Transplant/Replacement 176 Artif Opens for Feeding/Elimination 177 Amput Status/Lower Limb/Amput Compl 178 Amputation Status, Upper Limb PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.

**Beneficiary Annual Summary File  
Data Dictionary (2007 - Forward)**

VARIABLE	LABEL	LENGTH	TYPE	DESCRIPTION
RDDC_CCG_30	Screening/History	1	num	An indicator that specifies if the fee-for-service beneficiary had at least one of the following Condition Categories (CCs) during the calendar year. 179 Post-Surgical States/Aftercare/Elective 180 Radiation Therapy 181 Chemotherapy 182 Rehabilitation 183 Screening/Observation/Special Exams 184 History of Disease PLEASE NOTE: THIS FIELD WILL BE BLANK UNTIL RELEVANT DATA ARE AVAILABLE.
MEDREIMB_IP	Inpatient annual Medicare reimbursement amount	10	num	The sum of all Medicare fee-for-service reimbursements made during the calendar year for services covered by inpatient claims.
BENRES_IP	Inpatient annual beneficiary responsibility amount	10	num	The sum of all beneficiary fee-for-service payment obligations accrued during the calendar year for services covered by inpatient claims.
PPPYMT_IP	Inpatient annual primary payer reimbursement amount	10	num	The sum of all primary payer fee-for-service reimbursements made during the calendar year for services covered by inpatient claims.
MEDREIMB_SNF	Skill Nursing Facility annual Medicare reimbursement amount	10	num	The sum of all Medicare fee-for-service reimbursements made during the calendar year for services covered by SNF claims.
BENRES_SNF	Skill Nursing Facility annual beneficiary responsibility amount	10	num	The sum of all beneficiary fee-for-service payment obligations accrued during the calendar year for services covered by SNF claims.
PPPYMT_SNF	Skill Nursing Facility annual primary payer reimbursement amount	10	num	The sum of all primary payer fee-for-service reimbursements made during the calendar year for services covered by SNF claims.
MEDREIMB_OP	Outpatient Institutional annual Medicare reimbursement amount	10	num	The sum of all Medicare fee-for-service reimbursements made during the calendar year for services covered by outpatient institutional claims.
BENRES_OP	Outpatient Institutional annual beneficiary responsibility amount	10	num	The sum of all beneficiary fee-for-service payment obligations accrued during the calendar year for services covered by outpatient institutional claims.
PPPYMT_OP	Outpatient Institutional annual primary payer reimbursement amount	10	num	The sum of all primary payer fee-for-service reimbursements made during the calendar year for services covered by outpatient institutional claims.
MEDREIMB_CAR	Carrier annual Medicare reimbursement amount	10	num	The sum of all Medicare fee-for-service reimbursements made during the calendar year for services covered by carrier claims.
BENRES_CAR	Carrier annual beneficiary responsibility amount	10	num	The sum of all beneficiary fee-for-service payment obligations accrued during the calendar year for services covered by carrier claims.
PPPYMT_CAR	Carrier annual primary payer reimbursement amount	10	num	The sum of all primary payer fee-for-service reimbursements made during the calendar year for services covered by carrier claims.
MEDREIMB_DME	Durable Medical Equipment annual Medicare reimbursement amount	10	num	The sum of all Medicare fee-for-service reimbursements made during the calendar year for services covered by DME claims.
BENRES_DME	Durable Medical Equipment annual beneficiary responsibility amount	10	num	The sum of all beneficiary fee-for-service payment obligations accrued during the calendar year for services covered by DME claims.
PPPYMT_DME	Durable Medical Equipment annual primary payer reimbursement amount	10	num	The sum of all primary payer fee-for-service reimbursements made during the calendar year for services covered by DME claims.
MEDREIMB_HH	Home Health Agency annual Medicare reimbursement amount	10	num	The sum of all Medicare fee-for-service reimbursements made during the calendar year for services covered by home health claims.
PPPYMT_HH	Home Health Agency annual primary payer reimbursement amount	10	num	The sum of all primary payer fee-for-service reimbursements made during the calendar year for services covered by home health claims.
MEDREIMB_HS	Hospice annual Medicare reimbursement amount	10	num	The sum of all Medicare fee-for-service reimbursements made during the calendar year for services covered by hospice claims.
BENRES_HS	Hospice annual beneficiary responsibility amount	10	num	The sum of all beneficiary fee-for-service payment obligations accrued during the calendar year for services covered by hospice claims. NOTE: THIS FIELD WILL ALWAYS BE ZERO BECAUSE BENEFICIARY RESPONSIBILITY IS NOT COMPUTED FOR HOSPICE CLAIMS.
PPPYMT_HS	Hospice annual primary payer reimbursement amount	10	num	The sum of all primary payer fee-for-service reimbursements made during the calendar year for services covered by hospice claims.
IPSTY	Annual number of Inpatient admissions in calendar year	3	num	The number of fee-for-service stays at inpatient facilities during the calendar year.
OPVST	Annual number of Outpatient Institutional visits in calendar year	3	num	The number of fee-for-service Outpatient Institutional visits during the calendar year.
HHVST	Annual number of home health visits in calendar year	4	num	The number of fee-for-service home health visits during the calendar year.

**Beneficiary Annual Summary File  
Data Dictionary (2007 - Forward)**

VARIABLE	LABEL	LENGTH	TYPE	DESCRIPTION
PHSVST	Annual number of physician office visits in calendar year	4	num	The number of fee-for-service office visits during the calendar year. Office visits are identified from all claims (denied and accepted) from the Carrier SAF with BETOS codes in the Part B line item trailer group(s) in the following ranges : M1A: 99201-99205, M1B: 99211-99215. Each record is multiplied by the Carrier Line Miles/Time/Units/Services Count.
SNF_COVDYS	Annual number of Skill Nursing Facility covered days in calendar year	3	num	The sum of skilled nursing facility (SNF) covered fee-for-service days of care that are chargeable to Medicare facility utilization.
AMI	Chronic Condition Warehouse: Acute Myocardial Infarction, Annual	3	num	Chronic Condition Warehouse: Acute Myocardial Infarction, Annual
ALZH	Chronic Condition Warehouse: Alzheimer's Disease, Annual	3	num	Chronic Condition Warehouse: Alzheimer's Disease, Annual
ALZHDMTA	Chronic Condition Warehouse: Alzheimer's Disease and Related Disorders, Annual	3	num	Chronic Condition Warehouse: Alzheimer's Disease and Related Disorders or Senile Dementia, Annual
ATRIALFB	Chronic Condition Warehouse: Atrial Fibrillation, Annual	3	num	Chronic Condition Warehouse: Atrial Fibrillation, Annual
CATARACT	Chronic Condition Warehouse: Cataract, Annual	3	num	Chronic Condition Warehouse: Cataract, Annual
CHRNKIDN	Chronic Condition Warehouse: Chronic Kidney Disease, Annual	3	num	Chronic Condition Warehouse: Chronic Kidney Disease, Annual
COPD	Chronic Condition Warehouse: Chronic Obstructive Pulmonary Disease, Annual	3	num	Chronic Condition Warehouse: Chronic Obstructive Pulmonary Disease, Annual
CHF	Chronic Condition Warehouse: Heart Failure, Annual	3	num	Chronic Condition Warehouse: Heart Failure, Annual
DIABETES	Chronic Condition Warehouse: Diabetes, Annual	3	num	Chronic Condition Warehouse: Diabetes, Annual
GLAUCOMA	Chronic Condition Warehouse: Glaucoma, Annual	3	num	Chronic Condition Warehouse: Glaucoma, Annual
HIPFRAC	Chronic Condition Warehouse: Hip/Pelvic Fracture, Annual	3	num	Chronic Condition Warehouse: Hip/Pelvic Fracture, Annual
ISCHMCHT	Chronic Condition Warehouse: Ischemic Heart Disease, Annual	3	num	Chronic Condition Warehouse: Ischemic Heart Disease, Annual
DEPRESSN	Chronic Condition Warehouse: Depression, Annual	3	num	Chronic Condition Warehouse: Depression, Annual
OSTEOPRS	Chronic Condition Warehouse: Osteoporosis, Annual	3	num	Chronic Condition Warehouse: Osteoporosis, Annual
RA_OA	Chronic Condition Warehouse: RA/OA, Annual	3	num	Chronic Condition Warehouse: RA/OA, Annual
STRKETIA	Chronic Condition Warehouse: Stroke / Transient Ischemic Attack, Annual	3	num	Chronic Condition Warehouse: Stroke / Transient Ischemic Attack, Annual
CNCRBRST	Chronic Condition Warehouse: Female Breast Cancer, Annual	3	num	Chronic Condition Warehouse: Female Breast Cancer, Annual
CNCRCLRC	Chronic Condition Warehouse: Colorectal Cancer, Annual	3	num	Chronic Condition Warehouse: Colorectal Cancer, Annual
CNCRPRST	Chronic Condition Warehouse: Prostate Cancer, Annual	3	num	Chronic Condition Warehouse: Prostate Cancer, Annual
CNCR LUNG	Chronic Condition Warehouse: Lung Cancer, Annual	3	num	Chronic Condition Warehouse: Lung Cancer, Annual
CNCRENDM	Chronic Condition Warehouse: Endometrial Cancer, Annual	3	num	Chronic Condition Warehouse: Endometrial Cancer, Annual

**Beneficiary Annual Summary File  
Data Dictionary (2007 - Forward)**

VARIABLE	LABEL	LENGTH	TYPE	DESCRIPTION
AMIE	Earliest indication of Acute Myocardial Infarction (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Acute Myocardial Infarction (Note: The earliest possible date in the 2007-forward BASF 19990101)
ALZHE	Earliest indication of Alzheimer's Disease (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Alzheimer's Disease (Note: The earliest possible date in the 2007-forward BASF 19990101)
ALZHDMTE	Earliest indication of Alzheimer's Disease and Related Disorders or Senile Dementia (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Alzheimer's Disease and Related Disorders or Senile Dementia (Note: The earliest possible date in the 2007-forward BASF 19990101)
ATRIALFE	Earliest indication of Atrial Fibrillation (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Atrial Fibrillation (Note: The earliest possible date in the 2007-forward BASF 19990101)
CATARCTE	Earliest indication of Cataract (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Cataract (Note: The earliest possible date in the 2007-forward BASF 19990101)
CHRNKDNE	Earliest indication of Chronic Kidney Disease (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Chronic Kidney Disease (Note: The earliest possible date in the 2007-forward BASF 19990101)
COPDE	Earliest indication of Chronic Obstructive Pulmonary Disease (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Chronic Obstructive Pulmonary Disease (Note: The earliest possible date in the 2007-forward BASF 19990101)
CHFME	Earliest indication of Heart Failure (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Heart Failure (Note: The earliest possible date in the 2007-forward BASF 19990101)
DIABTESE	Earliest indication of Diabetes (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Diabetes (Note: The earliest possible date in the 2007-forward BASF 19990101)
GLAUCMAE	Earliest indication of Glaucoma (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Glaucoma (Note: The earliest possible date in the 2007-forward BASF 19990101)
HIPFRACE	Earliest indication of Hip/Pelvic Fracture (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Hip/Pelvic Fracture (Note: The earliest possible date in the 2007-forward BASF 19990101)
ISCHMCH	Earliest indication of Ischemic Heart Disease (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Ischemic Heart Disease (Note: The earliest possible date in the 2007-forward BASF 19990101)
DEPRSSNE	Earliest indication of Depression (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Depression (Note: The earliest possible date in the 2007-forward BASF 19990101)
OSTEOPRE	Earliest indication of Osteoporosis (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Osteoporosis (Note: The earliest possible date in the 2007-forward BASF 19990101)
RA_OA_E	Earliest indication of RA/OA (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - RA/OA (Note: The earliest possible date in the 2007-forward BASF 19990101)
STRKTIAE	Earliest indication of Stroke/Transient Ischemic Attack (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Stroke/Transient Ischemic Attack (Note: The earliest possible date in the 2007-forward BASF 19990101)
CNCRBRSE	Earliest indication of Female Breast Cancer (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Female Breast Cancer (Note: The earliest possible date in the 2007-forward BASF 19990101)
CNCRCLRE	Earliest indication of Colorectal Cancer (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Colorectal Cancer (Note: The earliest possible date in the 2007-forward BASF 19990101)
CNCRPRSE	Earliest indication of Prostate Cancer (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Prostate Cancer (Note: The earliest possible date in the 2007-forward BASF 19990101)
CNCRLNGE	Earliest indication of Lung Cancer (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Lung Cancer (Note: The earliest possible date in the 2007-forward BASF 19990101)
CNCENDME	Earliest indication of Endometrial Cancer (formatted as yyyymmdd)	8	char	Date the beneficiary first met the clinical criteria of the algorithm (no coverage criteria applied) - Endometrial Cancer (Note: The earliest possible date in the 2007-forward BASF 19990101)
BASF_ID	CCW BASF Unique Key	15	char	CCW BASF Unique Key
BASF_YR_NUM	BASF Year	4	char	BASF Year
COVSTART	Medicare Coverage Start Date (formatted as yyyymmdd)	8	char	Date the beneficiary began Medicare coverage (Part A or B).