Instructions for completing the RIF Specifications Worksheet

This document: All Research Identifiable File (RIF) requests must include a completed RIF Specifications Worksheet. This form collects detailed Requester information, study/project data extract details, shipping information, and method of payment. It also includes a Part D Event justification tab that is required for all requests that include Part D data.

The Specifications Worksheet is used by the data distributor to confirm that the requested data are available and to generate a cost estimate or invoice. The Specifications Worksheet is the only place where the exact directions for completing the data extraction are found.

General Instructions

1. This is an Excel document with **6 tabs**.
2. Carefully watch row numbers and make sure that you start each tab at row 1.
3. Do not alter the layout or content of the document.
4. The contents of the RIF Specification Worksheet must be consistent with the information contained in your RIF application. Carefully check to make sure the documents are aligned and let ResDAC know if you make changes to any document so they can help confirm that nothing else needs to be adjusted.
5. The version number can be found in row 2 of every tab. Before entering anything into the document, confirm that the version you are working with matches the current version listed on the ResDAC RIF Specifications Worksheet page.

Screenshot from the RIF Specifications Worksheet

Screenshot from the ResDAC website

Tabs

Tab 1: **VRDC Data Requests -** This tab is only completed if you are requesting to receive data through the Virtual Research Data Center (VRDC).
Tab 2: **Physical Data Requests -** This tab is only completed if you are requesting to receive data through physical shipment or reusing data received through physical shipment.
Tab 3: **Custom Cohort -** This tab is only completed if you are requesting a cohort selected based on specific criteria (e.g., identifiers or diagnosis codes).
Tab4: **File Selection -** This tab is completed if you are requesting to receive new data files.
Tab 6: **PDE Variables -** This tab is only completed if you selected Medicare Part D Event (pharmacy) data in the Annual Extract Summary tab.

Everyone must complete tab 1 or tab 2, or both if appropriate.

Specific Instructions: **Tab 1: VRDC Data Requests**

This tab is only completed if you are requesting to receive data through the VRDC. Do not enter any information in this tab if you are only requesting to receive data through physical shipment.

Row 5: Enter the Requester name and organization. The Requester is the individual authorized to sign agreements on behalf of the requesting organization. This person is named on the Data Use Agreement (DUA) and Attachment A: RIF Application. **The content you enter will autofill this information in the rest of the tabs.**

5	**Requester Name/Organization:**	

Rows 6-7: Do not enter any information. These fields are for ResDAC internal use.

6	**ResDAC Ticket ID:**		**Date:**	
7	**ResDAC TA:**			

Row 8: Enter the project/study name exactly as you entered it on the DUA and RIF application.

8	**Project/Study Name:**	

Rows 10-14: Check one box only. If you check the box in row 12 (Amendment to DUA), enter the DUA information in the second box on row 12. Check the box in row 14 if your request is for a cost invoice (estimate) for a grant proposal.

10	**DUA Request:**	☐	New DUA Request	
11				
12		☐	Amendment to DUA	*Enter DUA #*
13				
14		☐	Grant Proposal	

Row 17: Indicate whether the DUA is a researcher request, an innovator request, or a federal agency request. For-profit organizations should check the innovator box. Government contractors should check the researcher box. Requesters who are federal agencies should check the federal agency box.

16	**Invoice Request for:**						
17		**DUA Type**	☐	Researcher	☐	Innovator	☐ Federal Agency

Row 20: Indicate if the request is related to a new project, an update to an existing project or annual project renewal.

20		**Project Type**	☐	New Project	☐	Existing Project	☐ Annual Project Renewal

Row 23: Indicate whether the VRDC access is to be SAS only or full VRDC.
Note: All seats on a single DUA have to be the same access types.

23	**Access Type**	☐	SAS Only	☐	Full VRDC (Includes Databricks)

Specific Instructions: **Tab 1: VRDC Data Requests (continued)**

Rows 25-48:

New DUA requests: For each seat holder, enter their name, organization, business address and business email and select new user in column K, even if the seat holder has an existing seat on another DUA. If a seat holder is not yet identified, the information can be noted as TBD but will need to be completed before the seat can be activated. CMS will not accept a PO box or foreign address. CMS will not accept personal email addresses (e.g., gmail.com or hotmail.com). All seat holders must be affiliated with the primary organization or a collaborating organization. For each user, indicate in column M if the seat requires a Stata license.

Amendment requests: Only list the seat holders that need changes to their access. Note seat holders as follows:

- Seat Addition: Enter the seat holder's name, organization, business address and business email. Check the box in column K.
- Seat Transfer: Enter the new seat holder's name, organization, business address and business email. Check the box in column K. In row 67 'Comments' section, indicate the current seat holder and the name of the new seat holder.
- Seat Renewal: Enter the seat holder's name, organization, business address and business email. Check the box in column L.

Analytic Container requests:

- For all request types, indicate in column M if the seat requires an analytic container and the size option.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1		**CMS Data Request Specifications**												
25		**VRDC Seatholder(s) (users that will obtain a CCW User ID and work within the VRDC)**									**New User Request**	**Seat Renewal Request**	**Analytic Container Request (Select one size option to purchase analytic container)**	
26		**Seatholder Name:**												Standard (Medium)
27		**Organization:**												
28		**Street Address:**												Large
29		**City:**				**State:**			**ZIP Code:**					
30		**Business Email:**												Extra-Large
31														
32		**Seatholder Name:**												Standard (Medium)
33		**Organization:**												
34		**Street Address:**												Large
35		**City:**				**State:**			**ZIP Code:**					
36		**Business Email:**												Extra-Large
37														
38		**Seatholder Name:**												Standard (Medium)
39		**Organization:**												
40		**Street Address:**												Large
41		**City:**				**State:**			**ZIP Code:**					
42		**Business Email:**												Extra-Large
43														
44		**Seatholder Name:**												Standard (Medium)
45		**Organization:**												
46		**Street Address:**												Large
47		**City:**				**State:**			**ZIP Code:**					
48		**Business Email:**												Extra-Large

Specific Instructions: **Tab 1: VRDC Data Requests (continued)**

Rows 50-53: Identify a project contact who will be responsible for answering questions about this request. This person does not need to be one of the seat holders. CMS will not accept personal email addresses (e.g., gmail.com or hotmail.com).

50	**Project Contact (person who will be responsible for answering questions about the VRDC request)**	
51	**Project Contact Name:**	
52	**Organization:**	
53	**Business Email:**	

Rows 55-61: Indicate each add-on item that is requested. If no additional add-on items are needed, the section can be left blank.

55	**Additional Add On Items**	
56	Quarterly data pulls/access for a DUA	
57	Monthly data access for a DUA	
58	Additional Databricks credits (2,000 credits at the DUA level)	
59	Additional space (1 TB blocks at the DUA level)	
60	Additional output reviews (3 reviews per week up to 1 GB at the DUA level)	
61	Additional data extract for an existing DUA (e.g., data needed for changes in cohort or additional requested files)	

Rows 63-65: Select the option that describes how the data fees will be paid. Federal grant recipients whose data fees will be paid directly to CMS by the agency should check the IAA box in row 65.

63	**Method of Payment (Researcher will be contacted for payment after request is approved)**	
64	Pay.gov	☐
65	Interagency Agreement Number (federal agencies only)	☐

Row 67: Do not enter anything in this row. It is for internal use only.

67	**Comments:**

Rows 69-70: Enter a 3-4 sentence study description in the box provided. The description should be consistent with the information provided in the RIF application.

69	**Study Description** *Briefly describe the study aims and objectives*
70	

Specific Instructions: **Tab 2: Physical Data Requests**

This tab is only completed if you are requesting to receive data through physical shipment. Do not enter any information in this tab if you are only requesting to receive data through the VRDC.

Row 5: Enter the Requester name and organization. The Requester is the individual authorized to sign agreements on behalf of the requesting organization. This person is named on the DUA and RIF application. **The content you enter will autofill this information in the rest of the tabs.**

5	**Requester Name/Organization:**	

Rows 6-7: Do not enter any information. These fields are for ResDAC internal use.

6	**ResDAC Ticket ID:**		**Date:**	
7	**ResDAC TA:**			

Row 8: Enter the project/study name exactly as you entered it on the DUA and RIF application.

8	**Project/Study Name:**	

Rows 10-12: Check one box only. If you check the box in row 11 (Amendment to DUA), enter the DUA information in the second box on row 11. Check the box in row 12 if your request is for a cost invoice (estimate) for a grant proposal.

10	**DUA Request:**		**New DUA Request**	
11			**Amendment to DUA**	*Enter DUA #*
12			**Grant Proposal**	

Rows 14-17: Identify a project contact who will be responsible for answering questions about this request. CMS will not accept personal email addresses (e.g., gmail.com or hotmail.com).

14	**Project Contact (person who will be responsible for answering questions about the data extract)**	
15	**Name:**	
16	**Organization:**	
17	**Business Email:**	

Rows 18-24: Provide the contact information for the Data Recipient if they are different than the Data Custodian. The Data Custodian is the primary contact for the Data Management Plan Self-Attestation Questionnaire (DMP SAQ) and is identified on the DUA. CMS will only deliver data to a physical address and will not accept a PO box or foreign address. The Data Recipient must sign for the shipment.

18	**Data Recipient (if different from the data custodian)**					
19	**Name:**					
20	**Organization:**					
21	**Street Address:**					
22						
23	**City:**		**State:**		**ZIP Code:**	
24	**Telephone:**				**Business Email:**	

Specific Instructions: **Tab 2: Physical Data Requests (continued)**

Rows 25-31: Provide the contact information for the Data Custodian. The Data Custodian is the primary contact for the Data Management Plan Self-Attestation Questionnaire (DMP SAQ). They are the individual that will be responsible for ensuring that the environment in which the CMS data is stored complies with all applicable CMS data security requirements, including the establishment and maintenance of security arrangements to prevent unauthorized use. This must match the name and contact information for the Data Custodian on the DUA.

25	**Custodian (person who is primary contact for the Data Management Plan)**					
26	**Name:**					
27	**Organization:**					
28	**Street Address:**					
29						
30	**City:**		**State:**		**ZIP Code:**	
31	**Telephone:**				**Business Email:**	

Row 32: Check this box if the data are to be shipped to the Data Recipient rather than the Data Custodian. By checking this box, the Requester acknowledges that the data is being shipped to an individual other than the Data Custodian and understands that the Data Recipient is aware that the data are being shipped to them and that the recipient accepts the responsibility to keep the data secure until they are delivered to the Data Custodian.

32	☐	I'm requesting that the data be sent to the individual in the Data Recipient section above.

Rows 34-39: Check the box in rows 36-38 that describes the local operating system that will be used to decrypt and decompress the data.

34	**Operating System:**		
35		**Select the operating system that will be used to decrypt and decompress the SDA (*typically delivered on Windows NTFS formatted USB hard drive*).**	
36		Windows	☐
37		Red Hat Enterprise Linux 3.0 or above (x86 only)	☐
38		Solaris 8 or above (SPARC only)	☐
39		RIF data files will be delivered in a fixed column format with SAS programs (for SAS users) and FTS files (for non-SAS users).	

Rows 41-44: Select the option in rows 43-44 that describes how the data fees will be paid. Federal grant recipients whose data fees will be paid directly to CMS by the agency should check the IAA box in row 44.

41	**Payment and Shipping:**		
42		**Method of Payment (Researcher will be contacted for payment after request is approved)**	
43		Pay.gov	☐
44		Interagency Agreement Number (federal agencies only)	☐

Specific Instructions: **Tab 2: Physical Data Requests (continued)**

Rows 46-55: Encrypted drives must be shipped using a delivery service with tracking and signature release requirements. Researchers can either have CCW create a shipping label or supply one. It is the Data Custodian's responsibility to make sure this information is correct or delivery of data may be delayed. **Misplaced or mis-delivered data is considered a breach and requires reporting to CMS.**

Rows 46-48: If you wish for CCW to create the shipping label, enter the delivery service name in row 47 and a valid delivery service account number in row 48. Delivery services must have the ability to track shipments and require signature releases. Examples are FedEx, UPS or USPS. The delivery will be sent to the person you designated to receive the shipment (either a Data Recipient or the Data Custodian).

46	**Shipping Information (Provide Shipping Information or Provide Prepaid Label)**		
47	Ship via Delivery Service: →	Delivery Service Name:	
48	→	Delivery Account Number:	

Row 50: If you wish to supply a shipping label, check the box in row 50. The information on the label must match the information provided in rows 25-31 if shipping to the Data Custodian or rows 18-24 if shipping to a different Data Recipient.

50	Prepaid Label will be Provided:		☐

Rows 52-55: Enter any special instructions related to shipping.

52	**Special Shipping Instructions:**
53	
54	
55	

Rows 57-58: Enter a 3-4 sentence study description in the box provided. The description should be consistent with the information provided in the RIF application.

57	**Study Description** *Briefly describe the study aims and objectives*
58	

Rows 60-62: If you are linking this data to data from another DUA through reuse, enter up to four DUA numbers in columns D, G, J and M. If you are not linking to data from another DUA, leave this row blank.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	**CMS Data Request Specifications**													
60	**Linkage To Another DUA Requested:**													
61	Each data request is uniquely encrypted. If you are linking this request to data received from a different DUA, please provide the DUA number.													
62	**Enter DUA #(s)**													

Specific Instructions: **Tab 2: Physical Data Requests (continued)**

Rows 64-71: If you are reusing data from another DUA, note in column A the DUA you are reusing from, in column B, the files being reused, in column G, the years being reused, and in column K, the cohort being used. Use as many rows as needed. This table should contain new information only and not reuse data that has previously been approved.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	**CMS Data Request Specifications**													
64	**Requests Involving Reuse of Data:**													
65	If your study also includes reusing data from an existing DUA, please complete the section below													
66	**DUA Number**	**File Names**					**Years Being Reused**				**Cohort Being Reused**			
67														
68														
69														
70														
71														

Specific Instructions: **Tab 3: Custom Cohort**

This tab is only completed if you are requesting a cohort selected based on specific criteria (e.g., identifiers or diagnosis codes). The custom cohort will be indicated in Tab 4. File Selection in column P.

Row 4: Do not enter anything in this row. It will autofill from either the VRDC Data Requests tab or the Physical Data Requests tab. If corrections are needed, make them in row 5 of that tab.

4	**Requester Name/Organization:**	

The custom cohort creation tab is used to note selection criteria other than a standard sample percentage selection (5%, 20%, 100%). If you did not select the cohort specific option in column P on the File Specific tab, this tab is not required. If you are not sure whether you need to complete this tab, please contact ResDAC.

The Custom Cohort tab divides custom cohorts into two types—(Option 1) a finder file of identifiers submitted by the Requester and (Option 2) a set criteria to be searched within the data to select the cohort of interest.

Row 7: If you are identifying individuals and will be submitting a finder file, check column A.

	A	B–N
1		**Custom Cohort**
7		**Custom Cohort Creation Option 1: Researcher will submit Identifiers to CCW for cohort creation** *Select the type of identifiers to be submitted for the cohort and estimate the number of identifiers being submitted.*

Rows 8-15: Next, select the option that describes the type of identifiers you will use. If you are using Medicare IDs as identifiers, you must note whether the IDs are HICs, MBIs, or both and mark the appropriate ID type(s).

8		CCW Bene ID
9		HIC Numbers
10		MBI Numbers
11		Full SSN Numbers
12		MSIS ID + State ID (Medicaid)
13		Partial SSN* *Must also include a minimum of two additional variables from DOB, Sex, ZIP Code, State Code
14		
15		Other: *Enter text*

Row 20: Enter the number of beneficiaries in your finder file. This information must be complete and correct at the cost invoice stage. Changes to the cohort size at the time of data processing could result in additional review or change in project cost.

20	Number of beneficiaries in the finder file:	*Enter text*

Specific Instructions: **Tab 3: Custom Cohort (continued)**

Rows 28-31: The second type of finders selects cohorts based on information from one or more variables. If you are requesting a cohort to be selected based on information from CMS variables, check row 28, column A. In row 31, column B, enter the file name or names that contain the variables to be searched. In column E, enter the years of each file to be searched and in column H, describe the search—noting which variables and values should be used to identify the cohort. If you are requesting multiple cohorts, clearly identify each cohort. Expand row 31 as needed.
Note: Only list the files to be searched for the cohort identification. Files to be delivered based on the cohort identified are listed in another tab.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	**Custom Cohort**													
28		**Custom Cohort Creation Option 2: Researcher would like CCW to search specific data files to define cohort.** *Only list the files/years below that are required to create the cohort. Files that will be extracted for the resulting cohort should be selected on the* ***Extract Summary*** *tab(s) and not indicated in this section.*												
29														
30		**File(s) to be searched:**			**Year(s) to be searched**			**Description of the search:** ***Please include specific variables and values where applicable**** *If submitting a list of codes greater than 25, please include a separate .csv file.*						
31														

Row 35: Enter the estimated number of people you expect will be identified by the search.

35	**Expected Cohort Size:**	*Enter text*

Row 40: For both option 1 and option 2, enter a detailed description of the extract methodology. Carefully describe both inclusion and exclusion criteria, data years, files and other methods that are necessary to correctly provide the data you wish to receive.

39	**Overview of Extract Methodology** *Please provide instructions for your data extract.*
40	

Specific Instructions: **Tab 4: File Selection**

This tab is completed if you are requesting to receive new data files.

Row 4: Do not enter anything in this row. It will autofill from either the VRDC Data Requests tab or the Physical Data Requests tab. If corrections are needed, make them in row 5 of that tab.

4	**Requester Name/Organization:**	

Note: Every new data file other than reuse must be noted in this tab. Files are organized in groups by data type.

Rows 8+: Check the box in column A (or B as appropriate) if you wish to receive this file.
In column J, enter the years of data you wish to receive. Years should be typed out in the YYYY format. Multiple years should be separated by a comma (YYYY, YYYY). Ranges should be entered with a hyphen between the start and end date (YYYY-YYYY). In column K, enter the quarters and years of data you wish to receive. Quarters should be entered as year followed by quarter (YYYY Q1). Multiple quarters in the same year should be separated by a comma (YYYY Q1, Q2). Ranges should be entered with a hyphen between the start and the end date (YYYY Q1-Q4). In column L, enter the months and years of data you wish to receive. Monthly data is only available to VRDC users. Do not include data already in your possession or data you are approved to access under your DUA.
Mark column M if you wish to receive a 5% sample, column N if you wish to receive a 20% sample and column O if you wish to receive 100% of the data. Mark column P if you are requesting a custom cohort and complete Tab 3. Custom Cohort. If you are requesting multiple cohorts, you can indicate which files are for each by indicating cohort 1, cohort 2 and ensuring that the description matches the 'Overview of Extract Methodology' section on the Custom Extract tab. If there is no dark gray box under a specific option, the file is not available in that format.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	**File Selection**															
2	Current Version: V22.7 - 5/2026															
3	For instructions on how to complete this form, please visit: https://resdac.org/request-form/rif-specifications-worksheet															
4	**Requester Name/Organization:**															
5	Please consult the ResDAC availability table to see which years of data are available for request: https://www.resdac.org/file-availability															
6	Refer to the CCW website to ensure the files you are requesting have the data elements you need for your study: https://www.ccwdata.org/web/guest/data-dictionaries															
7	**QUARTERLY DATA:** Quarterly claims are available 4 months after the quarter ends. Annual refresh for 100% quarterly VRDC access is given by default. **MONTHLY DATA:** Monthly data is only available to VRDC projects with 100% samples. Projects receiving monthly data will automatically receive the annual refresh once available. **DATA MATURITY INFORMATION:** Maturity information can be found at https://resdac.org/articles/understanding-cms-data-maturity									**ANNUAL YEAR(S) REQUESTED**	**QUARTERS / YEAR(S) REQUESTED**	**MONTHLY YEAR(S) REQUESTED *VRDC Only***	**5%* *Assumes enhanced sample**	**20%* *Assumes enhanced sample**	**100%**	**COHORT SPECIFIC**
8	**MEDICARE ENROLLMENT / SUMMARY FILES**															
9	**Master Beneficiary Summary File (MBSF)**															
10	*Segments:*															
11	☐ **Base A/B/C/D V2** (available 2023 forward)								**(MBSF)**							
12	☐ **Base A/B/C/D** (available 1999-2023)								**(MBSF)**							
13	☐ **27 Chronic Conditions** (available 1999-2021)								**(MBSFCC)**							
14	☐ **30 Chronic Conditions** (2017 forward)								**(MBSFCC)**							
15	☐ **Cost and Use**								**(MBSFCU)**							
16	☐ **Other Chronic or Potentially Disabling Conditions**								**(MBSFO)**							
17	☐ **National Death Index****								**(NDI)**							
18	** Available in the VRDC ONLY - no physical shipments															
19																
20	☐ **Plan Characteristics Files** (2015 forward)								**(PLANCF)**							
21																
22	☐ **Medicare Vital Status File**								**(VSTAT)**							
23																
24	**Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS)**															
25	☐ **MMLEADS 2.0**								**(MMLD)**							
26	☐ **MMLEADS 3.0 Beneficiary Summary File** (2016 forward)								**(MMLBEN)**							
27	☐ **MMLEADS 3.0 Cost and Use Summary File** (2016 forward)								**(MMLDCU)**							
28																
29	☐ **Healthcare Effectiveness Data and Information Set (HEDIS)**															
30									**(HEDIS)**							
31	☐ **Medicare Bayesian Improved Surname Geocoding (MBISG)**															
32									**(MBISG2)**							
33	**Risk Score Operational Payment Files**															
34	☐ **Base File**								**(RSKBSE)**							
35	☐ **Model Output Files**								**(RSKDTL)**							
36																

Specific Instructions: **Tab 5: PDE Variables**

This tab is only completed if you selected Medicare Part D Event (pharmacy) data in the Annual Extract Summary tab.

Row 4: Do not enter anything in this row. It will autofill from either the VRDC Data Requests tab or the Physical Data Requests tab. If corrections are needed, make them in row 5 of that tab.

4	**Requester Name/Organization:**	

Rows 7-9: No edits are needed. These variables are automatically included in all PDE requests.

7	**General Variables**				
8	**X** (Automatically included with PDE data)	Encrypted Part D Event ID	Unique key for each Part D event	Not applicable	Needed to link to the Drug characteristics file
9	**X** (Automatically included with PDE data)	Encrypted CCW Beneficiary ID	Need for linking	Not applicable	Needed for linking to other files

Rows 10-69: For each Part D variable, mark in column A if you wish to receive the variable. Leave column A blank if you do not wish to receive the variable.

Enter in column E the reason you need the information. Be specific about how the variable will be used. If you are not requesting the variable, column E should be left blank. Enter in column H the risk to appropriate inference or ability to complete study aims that would come from not receiving the data. If you are not requesting the variable, column H should be left blank. You do not need to enter anything into column K.

	A	B	C	D	E	F	G	H	I	J	K	L	M
10	**Phase 1 and Demographic Variables**												
11		Patient Date of Birth (DOB)									Not edited - Recommend using Beneficiary Summary file		
12		Patient Sex									Not edited - Recommend using Beneficiary Summary file		
13		RX Service Date											
14		Quantity Dispensed											
15		Product/Service Identifier									This is the 11 digit NDC code.		
16		Days Supply											
17		Patient Pay Amount											
18		Gross Drug Cost (sum of Ingredient Cost Paid, Dispensing Fee Paid, Total Amount Attributed to Sales Tax)											
19		Patient Residence Code									New variable for 2013 PDE extracts and forward.		
20		Submission Clarification Code 1									New variable for 2013 PDE extracts and forward. This variable was renamed in the 2025 extracts from Submission Clarification Code.		
21		Submission Clarification Code 2									New variable for 2025 PDE extracts and forward		
22		Submission Clarification Code 3									New variable for 2025 PDE extracts and forward		
23		Submission Clarification Code 4									New variable for 2025 PDE extracts and forward		
24		Submission Clarification Code 5									New variable for 2025 PDE extracts and forward		
25		Drug Coverage Status Code											
26		The Brand-Generic Code reported by the submitting plan									New variable for 2012 PDE extracts and forward.		
27		Quantity Prescribed - for Schedule II Drugs									New variable for 2025 PDE extracts and forward		

Specific Instructions: **Tab 5: PDE Variables (continued)**

Rows 70-78: If you are requesting characteristics linkage variables but not the corresponding characteristics file, (such as pharmacy IDs but not the pharmacy characteristics file), be sure to explain how the variables will be used in your study without the characteristics file. The variable justification must be specific to the combination of data being requested.

	A	B	C	D	E	F	G	H	I	J	K	L	M
70	**Characteristics Linkage Variables**												
71		CCW Pharmacy ID / NCPDP ID									Needed to link to the CCW Pharmacy characteristics file. The Pharmacy linking variable switched from CCW Pharmacy ID to NCPDP ID in 2014.		
72		CCW Prescriber ID / Prescriber ID									A CCW prescriber identification number that is used to link Prescribers on the PDE data to the Prescriber Characteristics File.		
73		PDE Prescriber ID Format									A code that describes if the Prescriber ID on the PDE is in a general NPI, DEA or UPIN format (it does not necessarily imply the code itself is valid) based on the length of the Prescriber ID and the combination of alpha and numeric characters. Values are: 'N'=NPI; 'D'=DEA; 'U'=UPIN; 'X'=None;		
74		Prescriber ID Qualifier Code									Prescriber identification variable newly released for 2013 and are available historically to 2006. Delivered together with Prescriber ID.		
75		Formulary ID									ID assigned to each newly created formulary. Needed to link to the Formulary file		
76		CCW Formulary RX ID									A CCW identifier for a drug product found in a Part D prescription drug plan formulary. Needed to link to the Formulary file		
77		Plan Contract ID									Needed to link to the Plan characteristics file		
78		Plan Benefit Package ID									Needed to link to the Plan characteristics file		