

**2007 Part D Plan Characteristics File Data Dictionary
'Plan File'**

Variable Sequence	Short SAS Name	Long SAS Name	Variable Label	Data Type	Data Length	Description	Possible Values	Value Description	Notes
1	CNTRCTID	contract_id	Contract ID	Char	5	The encrypted, unique number CMS assigns to each contract that a Part D plan has with CMS.			
2	PLAN_ID	plan_id	Plan ID	Char	3	The encrypted, unique number CMS assigns to identify a specific Part D plan benefit package within a contract.			
3	FRMLY_ID	formulary_id	Formulary Identifier	Char	8	Medicare Part D formulary identifier. This field is a key that links of Part D sponsor's formulary file to their contract and plan identifiers.			
4	ORG_TYPE	organization_type	Organization Type	Char	2	Type of organization for the contract.	01 04 05 06 08 10 11 12 13 14 15	Local CCP PFFS Demo 1876 Cost National PACE PDP Regional CCP Fallback Employer/Union Only Direct Contract PDP Employer/Union Only Direct Contract PFFS RFB - Local CCP	
5	PLN_TYPE	plan_type	Plan Type	Char	2	Type of Part D plan.	01 02 04 05 06 07 09 10 18 20 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	HMO HMOPOS PPO PSO (State License) PSO (Federal Waiver of State License) MSA PFFS SHMO 1876 Cost National PACE Medicare Prescription Drug Plan Employer Sponsored PDP Regional PPO Fallback MN Disability Health Options MN Senior Health Options WI Partnership Program MA Health Senior Care Options Continuing Care Retirement Community ESRD I ESRD II Employer/Union Only Direct Contract PFFS MSA Demo RFB HMO RFB HMOPOS RFB Local PPO RFB PSO (State License)	
6	DMO_TYPE	demo_type	Demo Type	Char	1	This variable describes the type of Part D demonstration organization for contracts that are offered as such.	0 1 2 3 4 5 6 7 8	Non-Demo CCRC Demo ESRDII Demo MA Health Senior Care Options Minnesota Disability Health Options Minnesota Senior Health Options SHMO SHMO II Wisconsin Partnership Program	

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7	RSNDMOTP	reinsurance_demo_type	Part D Reinsurance Demo Type	Char	1	This variable describes the type of Part D payment reinsurance demonstration, for plan benefit packages that are offered as such.	0	Non-Payment Demo
							1	Flexible capitated option
							2	Fixed capitated option
							3	Flexible MA rebate option
8	SNP_TYPE	snp_type	SNP Type	Char	1	This variable describes the type of special needs Part D plan (SNP) for plan benefit packages that are offered as such.	0	Non-SNP
							C	Chronic or Disabling Condition
							D	Dual-Eligible
							I	Institutional
9	DRGBENTP	drug_benefit_type	Drug Benefit Type	Char	1	Indicates the type of Part D benefit structure used by the plan benefit package (Defined Standard, Actuarially Equivalent, Basic Alternative, or Enhanced Alternative).	1	Defined Standard Benefit
							2	Actuarially Equivalent Standard
							3	Basic Alternative
							4	Enhanced Alternative
10	EGWP_IND	egwp_indicator	EGWP Indicator	Char	1	Indicates whether the Part D plan benefit package is an employer group waiver plan (EGWP). EGWP plan are not open to general enrollment but rather are offered to beneficiaries through an employer group.	N	No
							Y	Yes
							9	Not Applicable
11	EGHP_FLG	eghp_calendar_year_flag	EGHP Calendar Year Indicator	Char	1	Indicates if an employer group plan is defined as calendar year or non-calendar year.	N	No
							Y	Yes
							9	Not Applicable
12	COV_CRIT	cov_criteria	Coverage criteria (Part A/B or B only)	Char	1	Part B only waiver. An indicator that shows that the requirement for Part A entitlement is waived; beneficiaries with only Part B entitlement may enroll in the Part D plan benefit package.	1	Part A/B
							2	Part B Only
							9	Not Applicable
13	NAT_PDP	national_PDP	Indicates whether plan belongs to a National PDP sponsor	Char	1	Indicates that the Part D plan benefit package is a stand-alone Prescription Drug Plan (PDP) offered by a national Part D sponsor.	N	No
							Y	Yes
							9	Not Applicable
14	GAPCOVTP	gap_coverage_type	Type of gap coverage offered	Char	1	Describes the type of gap coverage offered for plan benefit package that offer this benefit.	N	No Gap Coverage
							G	Generics
							P	Generics and Preferred Brands
							B	Generics and Brands
							A	All Formulary Drugs
							9	Not Applicable
15	DED_APP	ded_apply	How Deductible is applied	Char	1	Indicates whether plan charges the Medicare-defined Part D deductible amount.	1	Medicare-defined amount
							2	Plan-defined amount
							3	No deductible
16	DED_AMT	ded_amt	Deductible Amount	Num	12	Dollar amount of Part D deductible charged by plan.		

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17	DEDAPALL	ded_apply_all	Type of drugs to which deductible applies	Char	1	Indicates whether the Deductible apply to all drug types.	1	Deductible applies to all drugs	
							2	Deductible does not apply to generic drugs	
							9	Not Applicable	
18	DEGNCOPY	ded_generic_copay	Copay for generic drugs in deductible phase	Num	12	Indicates the dollar amount of the copay for generic drugs during the deductible phase for plans that do not apply the deductible to generic drugs. This variable is blank for plan benefit packages that do not offer this benefit.			
19	FREE1ST	free_first_fill	Indicates whether first prescription fill is free of charge	Char	1	Indicates whether plan offers a free first fill (i.e. \$0 copayment) for any drugs.	N	No	
							Y	Yes	
							9	Not Applicable	
20	LSRPRCNG	lesser_of_pricing	Indicates whether plan charges the lesser of the cost share amount or actual drug price	Char	1	Indicates whether plan charges the lesser of the copayment/coinsurance amount or the cost of the drug.	N	No	
							Y	Yes	
							9	Not Applicable	
21	PREICLAP	pre_ICL_apply	How Pre-ICL cost shares are applied	Char	1	Indicates how plan charges cost sharing before the Initial Coverage Limit (ICL) is reached.	1	Medicare-defined Part D Coinsurance Amount	*2006 value definitions are different than 2007 value definitions.
							2	Cost Share Tiers	
							3	No cost sharing	
22	ICL_APP	icl_apply	How ICL is applied	Char	1	Indicates whether plan applies the Medicare-defined Part D Initial Coverage Limit (ICL) Amount.	1	Medicare-defined amount	
							2	Plan-defined amount	
							3	No ICL	
23	ICL_AMT	icl_amt	ICL Amount	Num	12	Dollar amount of Initial Coverage Limit (ICL) applied by Part D plan. If no ICL is applied this field is blank.			
24	PST_OOPT	post_OOPT_apply	How Post OOP threshold cost shares are applied	Char	1	Indicates how plan applies cost sharing beyond the Medicare-defined Part D Annual Out-of-Pocket Cost Threshold (i.e., in catastrophic coverage phase). (Fixed Capitated Reinsurance Demos: How cost sharing is applied after the Medicare-defined total drug spending amount.)	1	Medicare-defined Post Threshold Cost Shares	*2006 value definitions are different than 2007 value definitions.
							2	Cost Share Tiers	
							3	No cost sharing	
25	OOPT_AMT	OOPT_amt	OOP Threshold Amount	Num	12	Dollar amount of the Medicare-defined Part D Annual Out-of-Pocket Cost Threshold. This field is blank for Fixed Capitated Reinsurance Demos.			
26	EXLCDRGS	excluded_drugs	Indicates whether the plan covers Part D excluded drugs	Char	1	Indicates whether any excluded drugs are part of the Part D plan's supplemental coverage (e.g., benzodiazepines, barbiturates). Applies to Enhanced Alternative ONLY.	N	No	
							Y	Yes	
							9	Not Applicable	
27	RDCD_CS	reduced_cost_share	Indicates whether the plan has reduced cost sharing below Medicare standard	Char	1	Indicates whether plan offers reduced Part D cost sharing as part of supplemental coverage. Applies to Enhanced Alternative ONLY.	N	No	
							Y	Yes	
							9	Not Applicable	

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28	RDCD_DED	reduced_ded	Flag for reduced deductible amount	Char	1	Indicates reduced cost sharing applies to the deductible phase of the Part D benefit. Applies only to Enhanced Alternative that offer reduced cost sharing.	N	No	
							Y	Yes	
							9	Not Applicable	
29	RDPICLCS	reduced_PreICL_CS	Flag for reduced pre-ICL cost sharing amounts	Char	1	Indicates reduced cost sharing applies to the pre-Initial Coverage Limit phase of the Part D benefit. Applies only to Enhanced Alternative that offer reduced cost sharing.	N	No	
							Y	Yes	
							9	Not Applicable	
30	RDGAPCS	reduced_Gap_CS	Flag for reduced coverage gap cost sharing amounts	Char	1	Indicates reduced cost sharing applies to the coverage gap phase of the Part D benefit. Applies only to Enhanced Alternative that offer reduced cost sharing.	N	No	
							Y	Yes	
							9	Not Applicable	
31	RDOOPTCS	reduced_OOPT_CS	Flag for reduced post out-of-pocket threshold cost sharing amounts	Char	1	Indicates reduced cost sharing applies to the post out-of-pocket threshold (catastrophic) phase of the Part D benefit. Applies only to Enhanced Alternative that offer reduced cost sharing.	N	No	
							Y	Yes	
							9	Not Applicable	
32	SPCLTYTR	specialty_tier	Specialty Tier Number	Char	3	Indicates which of the formulary tiers is designated as the specialty tier. The specialty tier contains high cost products which must meet a certain monthly dollar threshold as set by CMS, and products on this tier are typically limited to a percentage coinsurance of 25%, and cannot exceed 33%.			
33-41	PICLDT01-PICLDT09	pre_ICL_drug_type_tier_1 - pre_ICL_drug_type_tier_9	Pre-ICL Drug Type for Tier 1 - 9	Char	6	Indicates the type of drug (e.g., "Generic", "Brand", etc.) included on the Part D formulary tier 1 through tier 9 for the pre-initial coverage phase. A tier may include multiple drug types.			*2006 values are different than 2007 values.
								Six digit binary number where each digit means:	
								1 in 1: Non-preferred Brand	
								1 in 2: Generic	
								1 in 3: Preferred Generic	
								1 in 4: Non-preferred Generic	
								1 in 5: Brand	
								1 in 6: Preferred Brand	
								All 9's = Not Applicable	
42-50	PIP1P01-PIP1P09	pre_ICL_inp_1m_COPAY_Tier_1 - pre_ICL_inp_1m_COPAY_Tier_9	Pre-ICL In-network Pharmacy 1 month Copay for Tier 1 - 9	Num	12	Dollar amount of pre-initial coverage limit in-network pharmacy copay amount for 1 month for Tier 1 through Tier 9.			
51-59	PIP1N01-PIP1N09	pre_ICL_inp_1m_COINS_Tier_1 - pre_ICL_inp_1m_COINS_Tier_9	Pre-ICL In-network Pharmacy 1 month Coinsurance for Tier 1 - 9	Num	12	Pre-initial coverage limit in-network pharmacy coinsurance percentage for 1 month for Tier 1 through Tier 9.			
60-68	GAPDT01-GAPDT09	gap_drug_type_tier_1 - gap_drug_type_tier_9	Gap Drug Type for Tier 1 - 9	Char	6	Indicates the type of drug (e.g., "Generic", "Brand", etc.) included on the Part D formulary tier 1 through tier 9 for the coverage gap phase. A tier may include multiple drug types.			
								Six digit binary number where each digit means:	
								1 in 1: Non-preferred Brand	
								1 in 2: Generic	
								1 in 3: Preferred Generic	
								1 in 4: Non-preferred Generic	
								1 in 5: Brand	

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							1 in 6: Preferred Brand	
							All 9's = Not Applicable	
68-76	GIP1P01-GIP1CP09	gap_inp_1m_COPAY_Tier_1 - gap_inp_1m_COPAY_Tier_9	Gap In-network Pharmacy 1 month Copay for Tier 1 - 9	Num	12	Dollar amount of coverage gap in-network pharmacy copay amount for 1 month for Tier 1 through Tier 9. Applies only to enhanced plans with gap coverage.		
77-85	GIP1N01-GIP1CN09	gap_inp_1m_COINS_Tier_1 - gap_inp_1m_COINS_Tier_9	Gap In-network Pharmacy 1 month Coinsurance for Tier 1 - 9	Num	12	Coverage gap in-network pharmacy co-insurance percentage for 1 month for Tier 1 through Tier 9. Applies only to enhanced plans with gap coverage.		