Specific Chronic Conditions Data Dictionary

Term Name	Variable Name	Definition	Footnotes
Beneficiary Geographic Level	Bene_Geo_Lvl	Identifies the level of geography that the data in the row has been aggregated. A value of 'County' indicates the data in the row is aggregated to the county level and identifies a Medicare beneficiary's geographic place of residence. A value of 'State' indicates the data in the row is aggregated to a single state identified as a Medicare beneficiary's geographic place of residence. A value of 'National' indicates the data in the row is aggregated across all states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.	
Beneficiary Geographic Description	Bene_Geo_Desc	The state and/or county where the Medicare beneficiary resides. The values include the 50 United States, District of Columbia, Puerto Rico or U.S. Virgin Islands. Data aggregated at the National level are identified by "National'.	
Beneficiary Geographic Code	Bene_Geo_Cd	FIPS state and/or county code where the Medicare beneficiary resides. The Bene_Geo_Cd will be blank for data aggregated at the National level or for Puerto Rico and Virgin Islands.	
Beneficiary Age Level	Bene_Age_Lvl	Identifies the age level of the population that the data has been aggregated. A value of 'All' indicates the data in the row represents all Fee-for-Service Medicare Beneficiaries. A value of '<65' or '65+' indicates that the data is aggregated by the age of the Medicare Beneficiaries at the end of the calendar year.	
Beneficiary Demographic Level	Bene_Demo_Lvl	Identifies the demographic level of the population that the data has been aggregated. A value of 'All' indicates the data in the row is represents all Fee-for-Service Medicare beneficiaries. A value of 'Sex' indicates that the data has been aggregated by the Medicare beneficiary's sex. A value of 'Race' indicates that the data has been aggregated by the Medicare beneficiary's race. A value of 'Dual Status' indicates that the data has been aggregated by the Medicare beneficiary's dual eligibility status.	
Beneficiary Demographic Description	Bene_Demo_Desc	For Bene_Demo_Lvl='Sex', a beneficiary's sex is classified as Male or Female and is identified using information from the CMS enrollment database. For Bene_Demo_Lvl='Race', the race/ethnicity classifications are: Non-Hispanic White, Black or African American, Asian/Pacific Islander, Hispanic, and American Indian/Alaska Native. All the chronic condition tables use the variable RTI_RACE_CD, which is available on the Master Beneficiary Files in the CCW. For Bene_Demo_Lvl='Dual Status',beneficiaries can be classified as 'Medicare & Medicaid' or 'Medicare Only'. Beneficiares enrolled in both Medicare and Medicaid are known as "dual eligibles." Medicare beneficiaries are classified as dual eligibles if in any month in the given calendar year they were receiving full or partial Medicaid benefits.	

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Beneficiary Chronic Condition	Bene_Cond	Identifies the chronic condition for which the prevalence and utilization is compiled. There are 21 chronic conditions identified using Medicare administrative claims. A Medicare beneficiary is considered to have a chronic condition if the CMS administrative data have a claim indicating that the beneficiary received a service or treatment for the specific condition. Beneficiaries may have more than one of the chronic conditions listed.	The information should not be used to attribute utilization or payments strictly to the specific condition selected, as beneficiaries with any of the specific conditions presented may have other health conditions that contribute to their Medicare utilization and spending amounts.
Prevalence	Prvlnc	Prevalence estimates are calculated by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage.	
Total Medicare Standardized Per Capita Spending	Tot_Mdcr_Stdzd_Pymt_PC	Medicare standardized spending includes total Medicare payments for all covered services in Parts A and B and is presented per beneficiary (i.e. per capita). Standardized payments are presented to allow for comparisons across geographic areas in health care use among beneficiaries. More information on the standardization of Medicare payments can be found here.	The information should not be used to attribute utilization or payments strictly to the specific condition selected, as beneficiaries with any of the specific conditions presented may have other health conditions that contribute to their Medicare utilization and spending amounts.
Total Medicare Per Capita Spending	Tot_Mdcr_Pymt_PC	Medicare spending includes total Medicare payments for all covered services in Parts A and B and is presented per beneficiary (i.e. per capita).	The information should not be used to attribute utilization or payments strictly to the specific condition selected, as beneficiaries with any of the specific conditions presented may have other health conditions that contribute to their Medicare utilization and spending amounts.
Hospital Readmission Rate	Hosp_Readmsn_Rate	Hospital readmissions are expressed as a percentage of all admissions. A 30-day readmission is defined as an admission to an acute care hospital for any cause within 30 days of discharge from an acute care hospital. Except when the patient died during the stay, each inpatient stay is classified as an index admission, a readmission, or both.	The information should not be used to attribute utilization or payments strictly to the specific condition selected, as beneficiaries with any of the specific conditions presented may have other health conditions that contribute to their Medicare utilization and spending amounts.
Emergency Room Visits per 1,000 Beneficiaries	ER_Visits_Per_1000_Benes	Emergency department visits are presented as the number of visits per 1,000 beneficiaries. ED visits include visits where the beneficiary was released from the outpatient setting and where the beneficiary was admitted to an inpatient setting.	The information should not be used to attribute utilization or payments strictly to the specific condition selected, as beneficiaries with any of the specific conditions presented may have other health conditions that contribute to their Medicare utilization and spending amounts.