Medicare Durable Medical Equipment, Devices Supplies - by Referring Provider (2017 and after)
Data Dictionary

Variable Name	Term Name	Definition
Rfrg_NPI	Referring NPI	NPI for the referring provider on the DMEPOS claim.
Rfrg_Prvdr_Last_Name_Org	Referring Provider Last Name / Organization Name	When the referring provider is registered in NPPES as an individual (entity type code='I'), this is the referring provider's last name. When the referring provider is registered as an organization (entity type code = 'O'), this is the organization name.
Rfrg_Prvdr_First_Name	Referring Provider First Name	When the referring provider is registered in NPPES as an individual (entity type code='I'), this is the referring provider's first name. When the referring provider is registered as an organization (entity type code = 'O'), this will be blank.
Rfrg_Prvdr_MI	Referring Provider Middle Initial	When the referring provider is registered in NPPES as an individual (entity type code='I'), this is the referring provider's middle initial. When the referring provider is registered as an organization (entity type code = 'O'), this will be blank.
Rfrg_Prvdr_Crdntls	Referring Provider Credentials	When the referring provider is registered in NPPES as an individual (entity type code='I'), these are the referring provider's credentials. When the referring provider is registered as an organization (entity type code = 'O'), this will be blank.
Rfrg_Prvdr_Ent_Cd	Referring Provider Entity Code	Type of entity reported in NPPES. An entity code of 'I' identifies referring providers registered as individuals and an entity type code of 'O' identifies referring providers registered as organizations.
Rfrg_Prvdr_St1	Referring Provider Street 1	The first line of the referring provider's street address, as reported in NPPES.
Rfrg_Prvdr_St2	Referring Provider Street 2	The second line of the referring provider's street address, as reported in NPPES.
Rfrg_Prvdr_City	Referring Provider City	The city where the referring provider is located, as reported in NPPES.
Rfrg_Prvdr_State_Abrvtn	Referring Provider State	The state where the referring provider is located, as reported in NPPES. The fifty U.S. states and the District of Columbia are reported by the state postal abbreviation. The following values are used for other areas: 'XX' = 'Unknown', 'AA' = 'Armed Forces Central/South America', 'AE' = 'Armed Forces Europe', 'AP' = 'Armed Forces Pacific' 'AS' = 'American Samoa', 'GU' = 'Guam', 'MP' = 'North Mariana Islands', 'PR' = 'Puerto Rico', 'VI' = 'Virgin Islands' 'ZZ' = 'Foreign Country'
Rfrg_Prvdr_State_FIPS	Referring Provider State FIPS Code	FIPS code for referring providers state.
Rfrg_Prvdr_Zip5	Referring Provider ZIP	The referring provider's ZIP code, as reported in NPPES.
Rfrg_Prvdr_RUCA	Referring Provider RUCA	Rural-Urban Commuting Area Codes (RUCAs), are a Census tract-based classification scheme that utilizes the standard Bureau of Census Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize all of the nation's Census tracts regarding their rural and urban status and relationships. The Referring Provider ZIP code was cross walked to the United States Department of Agriculture (USDA) 2010 Rural-Urban Commuting Area Codes (https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx).
Rfrg_Prvdr_RUCA_Desc	Referring Provider RUCA Description	Description of Rural-Urban Commuting Area (RUCA) Code

Medicare Durable Medical Equipment, Devices Supplies - by Referring Provider (2017 and after)
Data Dictionary

Variable Name	Term Name	Definition
Rfrg_Prvdr_Cntry	Referring Provider Country	The country where the referring provider is located, as reported in NPPES. The country code will be 'US' for any state or U.S. possession.
Rfrg_Prvdr_Spclty_Desc	Referring Provider Specialty Description	Derived from the Medicare provider/supplier specialty code reported on all of the NPI's Part B non-institutional claims (DMEPOS & non-DMEPOS). For referring providers that have more than one Medicare specialty code reported on their claims, the Medicare specialty code associated with the largest number of services was used. Where a prescriber's NPI did not have associated Part B claims, the taxonomy code associated with the NPI in NPPES was mapped to a Medicare specialty code using an external crosswalk published here: https://data.cms.gov/beta/provider-characteristics/medicare-provider-supplier-enrollment/medicare-provider-and-supplier-taxonomy-crosswalk. For any taxonomy codes that could not be mapped to a Medicare specialty code, the taxonomy classification description was used.
Rfrg_Prvdr_Spclty_Srce	Referring Provider Specialty Source	A variable that indicates the source of the Referring Provider Specialty. The values are claims-specialty or NPPES-specialty
Tot_Suplrs	Number of Suppliers	Number of suppliers rendering products/services billed through DMEPOS MACs.
Tot_Suplr_HCPCS_Cds	Number of Supplier HCPCS	Total number of unique DMEPOS product/service hcpcs codes billed by suppliers and ordered by the referring provider.
Tot_Suplr_Benes	Number of Supplier Beneficiaries	Total number of unique beneficiaries associated with DMEPOS claims submitted by suppliers and ordered by the referring provider. Beneficiary counts fewer than 11 have been suppressed to protect the privacy of Medicare beneficiaries.
Tot_Suplr_Clms	Number of Supplier Claims	Total number of DMEPOS claims submitted by suppliers, reflecting products/services ordered by the referring provider.
Tot_Suplr_Srvcs	Number of Supplier Services	Total DMEPOS products/services rendered by suppliers and ordered by the referring provider.
Suplr_Sbmtd_Chrgs	Supplier Submitted Charges	The total charges that suppliers submitted for all DMEPOS products/services ordered by the referring provider.
Suplr_Mdcr_Alowd_Amt	Supplier Medicare Allowed Amount	The Medicare allowed amount for all DMEPOS products/services ordered by the referring provider. This figure is the sum of the amount Medicare pays, the deductible and coinsurance amounts that the beneficiary is responsible for paying, and any amounts that a third party is responsible for paying.
Suplr_Mdcr_Pymt_Amt	Supplier Medicare Payment Amount	Amount that Medicare paid after deductible and coinsurance amounts have been deducted for all supplier's DMEPOS line item products/services ordered by the referring provider.

Medicare Durable Medical Equipment, Devices Supplies - by Referring Provider (2017 and after)
Data Dictionary

Variable Name	Term Name	Definition
Suplr_Mdcr_Stdzd_Pymt_Amt	Supplier Medicare Standard Payment Amount	Amount that Medicare paid after beneficiary deductible and coinsurance amounts have been deducted for all supplier's durable medical equipment line item products/services and after standardization of the Medicare payment has been applied. Standardization removes geographic differences in payment rates for individual product/services and makes Medicare payments across geographic areas comparable. Note: This variable is available starting with the calendar year 2014 data.
DME_Sprsn_Ind	Durable Medical Equipment Suppression Indicator	A 1-byte value which defines the suppression, if needed, of the utilization, charge and payment information associated with durable medical equipment HCPCS codes. A value of '*' means the suppressed information is based on a dme-specific claim count of 1 through 10. A value of '#' means the dme-specific information has been counter-suppressed. Counter-suppression is needed when the display of dme-specific data could be used to recalculate suppressed values in non-dme-specific columns.
DME_Tot_Suplrs	Number of Durable Medical Equipment Suppliers	Number of suppliers rendering durable medical equipment products/services.
DME_Tot_Suplr_HCPCS_Cds	Number of Durable Medical Equipment HCPCS	Total number of unique durable medical equipment hcpcs codes billed by suppliers and ordered by the referring provider.
DME_Tot_Suplr_Benes	Number of Durable Medical Equipment Beneficiaries	Total number of unique beneficiaries associated with durable medical equipment claims submitted by suppliers and ordered by the referring provider. Beneficiary counts fewer than 11 have been suppressed to protect the privacy of Medicare beneficiaries.
DME_Tot_Suplr_Clms	Number of Durable Medical Equipment Claims	Total number of durable medical equipment claims submitted by suppliers, reflecting services ordered by the referring provider.
DME_Tot_Suplr_Srvcs	Number of Durable Medical Equipment Services	Total durable medical equipment products/services rendered by suppliers and ordered by the referring provider.
DME_Suplr_Sbmtd_Chrgs	Durable Medical Equipment Submitted Charges	The total charges that suppliers submitted for all durable medical equipment products/services ordered by the referring provider.
DME_Suplr_Mdcr_Alowd_Amt	Durable Medical Equipment Medicare Allowed Amount	The Medicare allowed amount for all durable medical equipment products/services ordered by the referring provider. This figure is the sum of the amount Medicare pays, the deductible and coinsurance amounts that the beneficiary is responsible for paying, and any amounts that a third party is responsible for paying.
DME_Suplr_Mdcr_Pymt_Amt	Durable Medical Equipment Medicare Payment Amount	Amount that Medicare paid after deductible and coinsurance amounts have been deducted for all supplier's durable medical equipment line item products/services ordered by the referring provider.
DME_Suplr_Mdcr_Stdzd_Pymt_Amt	Durable Medical Equipment Medicare Standard Payment Amount	Amount that Medicare paid after beneficiary deductible and coinsurance amounts have been deducted for all supplier's durable medical equipment line item products/services and after standardization of the Medicare payment has been applied. Standardization removes geographic differences in payment rates for individual product/services and makes Medicare payments across geographic areas comparable. Note: This variable is available starting with the calendar year 2014 data.

Medicare Durable Medical Equipment, Devices Supplies - by Referring Provider (2017 and after)
Data Dictionary

Variable Name	Term Name	Definition
POS_Sprsn_Ind	Prosthetic and Orthotic Suppression Indicator	A 1-byte value which defines the suppression, if needed, of the utilization, charge and payment information associated with prosthetic and orthotic HCPCS codes. A value of '*' means the suppressed information is based on a prosthetic and orthotic-specific claim count of 1 through 10. A value of '#' means the prosthetic and orthotic-specific information has been counter-suppressed. Counter-suppression is needed when the display of prosthetic and orthotic-specific data could be used to recalculate suppressed values in non-prosthetic and orthotic-specific columns.
POS_Tot_Suplrs	Number of Prosthetic and Orthotic Suppliers	Number of suppliers rendering prosthetic and orthotic products/services.
POS_Tot_Suplr_HCPCS_Cds	Number of Prosthetic and Orthotic HCPCS	Total number of unique prosthetic and orthotic hcpcs codes billed by suppliers and ordered by the referring provider.
POS_Tot_Suplr_Benes	Number of Prosthetic and Orthotic Beneficiaries	Total number of unique beneficiaries associated with prosthetic and orthotic claims submitted by suppliers and ordered by the referring provider. Beneficiary counts fewer than 11 have been suppressed to protect the privacy of Medicare beneficiaries.
POS_Tot_Suplr_Clms	Number of Prosthetic and Orthotic Claims	Total number of prosthetic and orthotic claims submitted by suppliers, reflecting products/services ordered by the referring provider.
POS_Tot_Suplr_Srvcs	Number of Prosthetic and Orthotic Services	Total prosthetic and orthotic products/services rendered by suppliers and ordered by the referring provider.
POS_Suplr_Sbmtd_Chrgs	Prosthetic and Orthotic Submitted Charges	The total charges that suppliers submitted for all prosthetic and orthotic products/services ordered by the referring provider.
POS_Suplr_Mdcr_Alowd_Amt	Prosthetic and Orthotic Medicare Allowed Amount	The Medicare allowed amount for all prosthetic and orthotic products/services ordered by the referring provider. This figure is the sum of the amount Medicare pays, the deductible and coinsurance amounts that the beneficiary is responsible for paying, and any amounts that a third party is responsible for paying.
POS_Suplr_Mdcr_Pymt_Amt	Prosthetic and Orthotic Medicare Payment Amount	Amount that Medicare paid after deductible and coinsurance amounts have been deducted for all supplier's prosthetic and orthotic line item products/services ordered by the referring provider.
POS_Suplr_Mdcr_Stdzd_Pymt_Amt	Prosthetic and Orthotic Medicare Standard Payment Amount	Amount that Medicare paid after beneficiary deductible and coinsurance amounts have been deducted for all supplier's prosthetic and orthotic line item products/services and after standardization of the Medicare payment has been applied. Standardization removes geographic differences in payment rates for individual product/services and makes Medicare payments across geographic areas comparable. Note: This variable is available starting with the calendar year 2014 data.

Medicare Durable Medical Equipment, Devices Supplies - by Referring Provider (2017 and after)
Data Dictionary

Variable Name	Term Name	Definition
Drug_Sprsn_Ind	Drug and Nutritional Suppression Indicator	A 1-byte value which defines the suppression, if needed, of the utilization, charge and payment information associated with drug and nutritional HCPCS codes. A value of '*' means the suppressed information is based on a drug and nutritional-specific claim count of 1 through 10. A value of '#' means the drug and nutritional-specific information has been counter-suppressed. Counter-suppression is needed when the display of drug and nutritional-specific data could be used to recalculate suppressed values in non-drug and nutritional-specific columns.
Drug_Tot_Suplrs	Number of Drug and Nutritional Products Suppliers	Number of suppliers rendering drug and nutritional products/services.
Drug_Tot_Suplr_HCPCS_Cds	Number of Drug and Nutritional Products HCPCS	Total number of unique drug and nutritional product hcpcs codes billed by suppliers and ordered by the referring provider.
Drug_Tot_Suplr_Benes	Number of Drug and Nutritional Products Beneficiaries	Total number of unique beneficiaries associated with drug and nutritional product claims submitted by suppliers and ordered by the referring provider. Beneficiary counts fewer than 11 have been suppressed to protect the privacy of Medicare beneficiaries.
Drug_Tot_Suplr_Clms	Number of Drug and Nutritional Products Claims	Total number of drug and nutritional product claims submitted by suppliers, reflecting services ordered by the referring provider.
Drug_Tot_Suplr_Srvcs	Number of Drug and Nutritional Products Services	Total drug and nutritional products/services rendered by suppliers and ordered by the referring provider.
Drug_Suplr_Sbmtd_Chrgs	Drug and Nutritional Products Submitted Charges	The total charges that suppliers submitted for drug and nutritional products/services ordered by the referring provider.
Drug_Suplr_Mdcr_Alowd_Amt	Drug and Nutritional Products Medicare Allowed Amount	The Medicare allowed amount for drug and nutritional products/services ordered by the referring provider. This figure is the sum of the amount Medicare pays, the deductible and coinsurance amounts that the beneficiary is responsible for paying, and any amounts that a third party is responsible for paying.
Drug_Suplr_Mdcr_Pymt_Amt	Drug and Nutritional Products Medicare Payment Amount	Amount that Medicare paid suppliers after deductible and coinsurance amounts have been deducted for drug and nutritional line item products/services ordered by the referring provider.
Drug_Suplr_Mdcr_Stdzd_Pymt_Amt	Drug and Nutritional Products Medicare Standard Payment Amount	Amount that Medicare paid after beneficiary deductible and coinsurance amounts have been deducted for all supplier's drug and nutritional line item products/services and after standardization of the Medicare payment has been applied. Standardization removes geographic differences in payment rates for individual product/services and makes Medicare payments across geographic areas comparable. Note: This variable is available starting with the calendar year 2014 data.
Bene_Avg_Age	Average Age of Beneficiaries	Average age of beneficiaries. Beneficiary age is calculated at the end of the calendar year or at the time of death.
Bene_Age_LT_65_Cnt	Number of Beneficiaries Age Less 65	Number of beneficiaries under the age of 65. Beneficiary age is calculated at the end of the calendar year or at the time of death.
Bene_Age_65_74_Cnt	Number of Beneficiaries Age 65 to 74	Number of beneficiaries between the ages of 65 and 74. Beneficiary age is calculated at the end of the calendar year or at the time of death.

Medicare Durable Medical Equipment, Devices Supplies - by Referring Provider (2017 and after)
Data Dictionary

Variable Name	Term Name	Definition
Bene_Age_75_84_Cnt	Number of Beneficiaries Age 75 to 84	Number of beneficiaries between the ages of 75 and 84. Beneficiary age is calculated at the end of the calendar year or at the time of death.
Bene_Age_GT_84_Cnt	Number of Beneficiaries Age Greater 84	Number of beneficiaries over the age of 84. Beneficiary age is calculated at the end of the calendar year or at the time of death.
Bene_Feml_Cnt	Number of Female Beneficiaries	Number of female beneficiaries.
Bene_Male_Cnt	Number of Male Beneficiaries	Number of male beneficiaries.
Bene_Race_Wht_Cnt	Number of Non-Hispanic White Beneficiaries	Number of non-Hispanic white beneficiaries.
Bene_Race_Black_Cnt	Number of Black or African American Beneficiaries	Number of non-Hispanic black or African American beneficiaries.
Bene_Race_Api_Cnt	Number of Asian Pacific Islander Beneficiaries	Number of Asian Pacific Islander beneficiaries.
Bene_Race_Hspnc_Cnt	Number of Hispanic Beneficiaries	Number of Hispanic beneficiaries.
Bene_Race_Natind_Cnt	Number of American Indian/Alaska Native Beneficiaries	Number of American Indian or Alaska Native beneficiaries.
Bene_Race_Othr_Cnt	Number of Beneficiaries With Race Not Elsewhere Classified	Number of beneficiaries with race not elsewhere classified.
Bene_Ndual_Cnt	Number of Beneficiaries With Medicare & Medicaid Entitlement	Number of Medicare beneficiaries qualified to receive Medicare and Medicaid benefits. Beneficiaries are classified as Medicare and Medicaid entitlement if in any month in the given calendar year they were receiving full or partial Medicaid benefits.
Bene_Dual_Cnt	Number of Beneficiaries With Medicare Only Entitlement	Number of Medicare beneficiaries qualified to receive Medicare only benefits. Beneficiaries are classified as Medicare only entitlement if they received zero months of any Medicaid benefits (full or partial) in the given calendar year.
Bene_CC_BH_ADHD_OthCD_V1_Pct	Percent (%) Of Beneficiaries Identified With ADHD And Other Conduct Disorders	Percent of beneficiaries meeting the CCW chronic condition algorithm for ADHD and other conduct disorders. Please note that this condition was not updated as part of the 2020 technical expert panel (TEP) to refine and enhance chronic conditions algorithms, hence the V1 component of the variable name. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-other. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_BH_Alcohol_Drug_V1_Pct	Percent (%) Of Beneficiaries Identified With Alcohol And Drug Use Disorders	Percent of beneficiaries meeting the CCW chronic condition algorithms for both alcohol use disorder and/or drug use disorder. Please note that this condition was not updated as part of the 2020 technical expert panel (TEP) to refine and enhance chronic conditions algorithms, hence the V1 component of the variable name. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-other. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.

Variable Name	Term Name	Definition
Bene_CC_BH_Tobacco_V1_Pct	Percent (%) Of Beneficiaries Identified With Tobacco Use Disorders	Percent of beneficiaries meeting the CCW chronic condition algorithm for tobacco use disorders. Please note that this condition was not updated as part of the 2020 technical expert panel (TEP) to refine and enhance chronic conditions algorithms, hence the V1 component of the variable name. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-other. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_BH_Alz_NonAlzdem_V2_Pct	Percent (%) Of Beneficiaries Identified With Alzheimer's Disease And Non-Alzheimer's Dementia	Percent of beneficiaries meeting the CCW chronic condition algorithms for both Alzheimer's disease and/or non-Alzheimer's dementia. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithms for Alzheimer's disease and non-Alzheimer's dementia. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_BH_Anxiety_V1_Pct	Percent (%) Of Beneficiaries Identified With Anxiety Disorders	Percent of beneficiaries meeting the CCW chronic condition algorithm for anxiety disorders. Please note that this condition was not updated as part of the 2020 technical expert panel (TEP) to refine and enhance chronic conditions algorithms, hence the V1 component of the variable name. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-other. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_BH_Bipolar_V1_Pct	Percent (%) Of Beneficiaries Identified With Bipolar Disorder	Percent of beneficiaries meeting the CCW chronic condition algorithm for bipolar disorders. Please note that this condition was not updated as part of the 2020 technical expert panel (TEP) to refine and enhance chronic conditions algorithms, hence the V1 component of the variable name. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-other. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.

Variable Name	Term Name	Definition
Bene_CC_BH_Mood_V2_Pct	Percent (%) Of Beneficiaries Identified With Depression, Bipolar Or Other Depressive Mood Disorders	Percent of beneficiaries meeting the CCW chronic condition algorithm for depression and other depressive mood disorders. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for depressive and other depressive mood disorders. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_BH_Depress_V1_Pct	Percent (%) Of Beneficiaries Identified With Major Depressive Affective Disorder	Percent of beneficiaries meeting the CCW chronic condition algorithm for major depressive affective disorders. Please note that this condition was not updated as part of the 2020 technical expert panel (TEP) to refine and enhance chronic conditions algorithms, hence the V1 component of the variable name. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-other. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_BH_PD_V1_Pct	Percent (%) Of Beneficiaries Identified With Personality Disorders	Percent of beneficiaries meeting the CCW chronic condition algorithm for personality disorders. Please note that this condition was not updated as part of the 2020 technical expert panel (TEP) to refine and enhance chronic conditions algorithms, hence the V1 component of the variable name. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-other. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_BH_PTSD_V1_Pct	Percent (%) Of Beneficiaries Identified With Post-Traumatic Stress Disorder	Percent of beneficiaries meeting the CCW chronic condition algorithm for post-traumatic stress disorders. Please note that this condition was not updated as part of the 2020 technical expert panel (TEP) to refine and enhance chronic conditions algorithms, hence the V1 component of the variable name. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-other. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.

Variable Name	Term Name	Definition
Bene_CC_BH_Schizo_OthPsy_V1_Pct	Percent (%) Of Beneficiaries Identified With Schizophrenia And Other Psychotic Disorders	Percent of beneficiaries meeting the CCW chronic condition algorithm for schizophrenia and other psychotic disorders. Please note that this condition was not updated as part of the 2020 technical expert panel (TEP) to refine and enhance chronic conditions algorithms, hence the V1 component of the variable name. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-other. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_PH_Asthma_V2_Pct	Percent (%) Of Beneficiaries Identified With Asthma	Percent of beneficiaries meeting the CCW chronic condition algorithms for asthma. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for asthma. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_PH_Afib_V2_Pct	Percent (%) Of Beneficiaries Identified With Atrial Fibrillation And Flutter	Percent of beneficiaries meeting the CCW chronic condition algorithm for atrial fibrillation/flutter. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for atrial fibrillation/flutter. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_PH_Cancer6_V2_Pct	Percent (%) Of Beneficiaries Identified With Combined Cancer Flag For 6 Cancer Indicators	Percent of beneficiaries meeting the CCW chronic condition algorithms for six cancer types; includes breast cancer, colorectal cancer, endometrial cancer, lung cancer, prostate cancer and urological cancer. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.

Medicare Durable Medical Equipment, Devices Supplies - by Referring Provider (2017 and after)
Data Dictionary

Variable Name	Term Name	Definition
Bene_CC_PH_CKD_V2_Pct	Percent (%) Of Beneficiaries Identified With Chronic Kidney Disease	Percent of beneficiaries meeting the CCW chronic condition algorithms for chronic kidney disease. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for chronic kidney disease. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_PH_COPD_V2_Pct	Percent (%) Of Beneficiaries Identified With Chronic Obstructive Pulmonary Disease	Percent of beneficiaries meeting the CCW chronic condition algorithm for COPD. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for COPD. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_PH_Diabetes_V2_Pct	Percent (%) Of Beneficiaries Identified With Diabetes	Percent of beneficiaries meeting the CCW chronic condition algorithm for diabetes. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for diabetes. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_PH_HF_NonIHD_V2_Pct	Percent (%) Of Beneficiaries Identified With Heart Failure And Non-Ischemic Heart Disease	Percent of beneficiaries meeting the CCW chronic condition algorithm for heart failure/non-ischemic heart disease. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for heart failure/non-ischemic heart disease. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.

Variable Name	Term Name	Definition
Bene_CC_PH_Hyperlipidemia_V2_Pct	Percent (%) Of Beneficiaries Identified With Hyperlipidemia	Percent of beneficiaries meeting the CCW chronic condition algorithm for hyperlipidemia. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for hyperlipidemia. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_PH_Hypertension_V2_Pct	Percent (%) Of Beneficiaries Identified With Hypertension	Percent of beneficiaries meeting the CCW chronic condition algorithm for hypertension. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for hypertension. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_PH_IschemicHeart_V2_Pct	Percent (%) Of Beneficiaries Identified With Ischemic Heart Disease	Percent of beneficiaries meeting the CCW chronic condition algorithm for ischemic heart disease. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for ischemic heart disease. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_PH_Osteoporosis_V2_Pct	Percent (%) Of Beneficiaries Identified With Osteoporosis With Or Without Pathological Fracture	Percent of beneficiaries meeting the CCW chronic condition algorithm for osteoporosis. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for osteoporosis. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.

Medicare Durable Medical Equipment, Devices Supplies - by Referring Provider (2017 and after)
Data Dictionary

Variable Name	Term Name	Definition
Bene_CC_PH_Parkinson_V2_Pct	Percent (%) Of Beneficiaries Identified With Parkinson's Disease And Secondary Parkinsonism To	Percent of beneficiaries meeting the CCW chronic condition algorithm for Parkinson's disease/secondary parkinsonism. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for Parkinson's disease/secondary parkinsonism. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_PH_Arthritis_V2_Pct	Percent (%) Of Beneficiaries Identified With Rheumatoid Arthritis / Osteoarthritis	Percent of beneficiaries meeting the CCW chronic condition algorithm for rheumatoid arthritis/osteoarthritis. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for rheumatoid arthritis/osteoarthritis. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_CC_PH_Stroke_TIA_V2_Pct	Percent (%) Of Beneficiaries Identified With Stroke / Transient Ischemic Attack	Percent of beneficiaries meeting the CCW chronic condition algorithm for stroke/transient ischemic attack. In 2020, CMS contracted an technical expert panel (TEP) to refine and enhance the chronic condition algorithms, including the algorithm for stroke/transient ischemic attack. The V2 portion of the variable name indicates that this variable was updated as part of the TEP. Chronic condition metrics are only available for file years 2017 forward. For more details on this condition, see https://www2.ccwdata.org/web/guest/condition-categories-chronic. To protect the privacy of Medicare beneficiaries, the number of beneficiaries fewer than 11 have been suppressed and the percent of beneficiaries between 75% and 100% have been top-coded at 75%.
Bene_Avg_Risk_Scre	Average HCC Risk Score of Beneficiaries	Average Hierarchical Condition Category (HCC) risk score of beneficiaries.