

Glossary for 2013 Medicare Fee-For-Service (FFS) Excel Workbook

The monthly fee-for-service per capita cost calculation is a component used in determining the Medicare Advantage benchmarks. This glossary defines variables names and formulas used by Medicare actuaries in determining the fee-for-service costs. All calculations are performed at the county-level unless otherwise noted.

Fee-for-service: The original system of obtaining care under Medicare wherein beneficiaries can choose to obtain health care services from any Medicare-approved doctor or hospital, or other health care supplier that accepts Medicare reimbursement.

There are three sheets in the Excel workbook:

- (1) County Overview: Displays FFS per capita cost for a selected county and provides intermediate step-by-step formulation of the FFS values.
- (2) FFS2013_DATA: Contains county level detailed data.
- (3) absplits: Part A and Part B USPCC percentages used to calculate a county's composite enrollment (CTYNUMYR) formula #13 below.

The workbook contains Macros and/or ActiveX content which must be **enabled** to work properly. By default, Excel protects you from running macros. When this workbook is opened, Excel may display a prompt asking if you want to enable macros – respond positively. If not prompted, you may have to manually change the protective security settings in your version of Excel. This workbook runs in Excel 2003 and later versions. It runs best when no other Excel workbooks are open concurrently. If for some reason you obtain unexpected results, completely exit from all open Excel applications and restart the workbook.

The user has two ways to initiate the calculation and display of a county's FFS cost. On the County Overview sheet, simply directly enter a valid county code into the highlighted cell G5. County codes can be looked up in column B of the FFS2013_DATA sheet, where the data is sorted by county codes within state. Alternatively you may use the State and County drop down lists in the 5th row of the County Overview worksheet. The valid county code will automatically be entered into cell G5 and the results will appear. FFS costs for Guam are not calculated because the small number of beneficiaries in each county produces unreliable results.

To preserve its integrity, the workbook is locked and password protected for most editing functions – you will not be able to use all of Excel's capabilities. Questions and comments can be e-mailed to Cmaze@cms.hhs.gov . Based on your questions, a list of FAQ will be developed and posted to the web site later. This glossary approaches the FFS formulas in, more or less, the reverse order of the actual calculations.

Formulas and explanation of terms used in the Excel Workbook

1. FFS6_IME = FFS5_CRED_BN – PHINDOLR

The final projected calendar year 2013 monthly per capita FFS per capita cost less the Indirect Medical Education (IME) deduction.

2. PHINDOLR = PHINPCT × AVGIME × FFS5_CRED_BN

The indirect medical education (IME) deduction expressed as a dollar amount.

Section 161 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) requires CMS to phase out indirect medical education (IME) amounts from MA capitation rates.¹

a. PHINPCT: The maximum allowed percentage of the AVGIME that can be deducted in the contract year from the FFS rate.

b. AVGIME: The per capita costs for IME payments as a percentage of FFS costs. (5 year average)

c. FFS5_CRED_BN = FFS4_CRED × BN_FAC_C: The blended credibility FFS per capita cost adjusted for budget neutrality)

3. BN_FAC_C: A budget neutrality factor applied to the blended credibility FFS per capita cost (FFS4_CRED). This factor ensures that combined projected FFS payments in counties where the credibility approach is used will be equal to the combined payments that would have been paid without the credibility approach. It is calculated based only on counties within the state where the credibility factor has a value less than 1.0 (average enrollment less than 1000).

$$BN_FAC_C = \frac{a}{b} ,$$

$$where\ a = \sum_{cred < 1}^{all\ ctys} (FFS2_DOD \times \sum_{YR=2006}^{2010} \frac{ADNUMYRB}{5})$$

¹ <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2012.pdf> – page 16, Section C

$$\text{and } b = \sum_{\text{cred} < 1}^{\text{all ctys}} \left(\text{FFS4_CRED} \times \sum_{\text{YR}=2006}^{2010} \frac{\text{ADNUMYRB}}{5} \right)$$

4. FFS4_CRED =

$$(\text{FFS2_DOD}) \times (\text{CRED_FAC}) + (\text{FFS3_CBSA}) \times (1 - \text{CRED_FAC})$$

The blended² credibility FFS per capita cost calculation for counties where the enrollment is less than 1000.

$$\text{a. CRED_FAC} = \sqrt[2]{\frac{\sum_{\text{YR}=2006}^{2010} \frac{\text{ADNUMYRB}}{5}}{1000}}$$

5. FFS3_CBSA

The term "core based statistical area" (CBSA)³ refers to a geographic region based around an urban area of at least 10,000 people. The two categories of CBSAs are metropolitan statistical area (50,000 or more people) and micropolitan statistical area (10,000 - 49,999 people).

$$\text{FFS3_CBSA} = \frac{a}{b},$$

$$\text{where } a = \sum_{\text{in CBSA}}^{\text{all ctys}} \left(\text{FFS2_DOD} \times \sum_{\text{YR}=2006}^{2010} \frac{\text{ADNUMYRB}}{5} \right) \quad \text{i. e., ffs payments in CBSA}$$

$$\text{and } b = \sum_{\text{in CBSA}}^{\text{all ctys}} \sum_{\text{YR}=2006}^{2010} \frac{\text{ADNUMYRB}}{5} \quad \text{i. e., avg enrollment in CBSA}$$

² <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2012.pdf> –

page 15, *Variations in Small Counties*

³ <http://www.census.gov/population/www/metroareas/aboutmetro.html>

6. FFS2_DOD = FFS1_GME × DoD_FAC

FFS per capita cost with DOD adjustment⁴, where DoD_FAC is a predetermined value that adjusts for services received by dual-eligible military retirees outside of Medicare under the TRICARE⁵ health program.

7. FFS1_GME = CTYAGA × USPCC × (1 – AVGGME)

Basic projected county per capita cost less GME adjustment.

- a. CTYAGA: The standardized average geographic adjustment.

$$CTYAGA = \frac{AGA}{NATAGA}$$

- b. USPCC: The combined Medicare Parts A and B projected national average Medicare per capita cost (USPCC) in the FFS sector in the contract year.

- c. AVGGME: Direct graduate medical education (GME) payments as a percent of total FFS claims. Based on 5 years of data. This payment adjustment was authorized by the Balanced Budget Act of 1997.

$$AVGGME = \frac{\sum_{2006}^{2010} DGME \text{ payment}}{\sum_{2006}^{2010} \text{Total Parts A \& B payments}}$$

- 8. AGA:** The average geographic adjustment is an index which measures the 5 year average historical relationship of a county's per capita Medicare expenditures to the national average per capita Medicare expenditures. Division by AVG5SCOR serves to remove the effects of the health status and demographics of the beneficiaries in the county.

$$AGA = \frac{1}{AVG5SCOR} \times \sum_{YR=2006}^{2010} \left(\frac{GEOIN YR}{5} \right)$$

- 9. NATAGA:** The national average geographic adjustment is the enrollment weighted average of all the county AGA's (uses 2010 enrollment).

$$NATAGA = \frac{\sum_{in U.S.}^{all \text{ ctys}} (AGA \times CTYNUM09)}{\sum_{in U.S.}^{all \text{ ctys}} CTYNUM09}$$

⁴ <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2012.pdf> – page 16, Section D

⁵ TRICARE is the health care program serving Uniformed Service members, retirees and their families.

10.AVG5SCOR: The 5 year enrollment weighted average of all a county's fee-for-service enrollees' risk scores⁶.

$$AVG5SCOR = \frac{\sum_{YR=2006}^{2010} (RISCORYR \times RISNUMYR)}{\sum_{YR=2006}^{2010} RISNUMYR}$$

GEOINYR = CPCCYRAB ÷ NPCCYRAB

An annual index which measures the Parts A and B county per capita costs relative to the national per capita cost. For any year, this index is the ratio of all actual Medicare program per capita costs for the county, divided by the actual program per capita cost for the nation. Geographic indices are calculated for five consecutive annual periods (2006-2010), and then averaged to reduce variation. See AGA calculation.

11.NPCCYRAB: National Per Capita Cost for part A and B.

The national average per capita cost for a calendar year is the enrollment weighted average of all the county per capita costs for the year.

$$NPCCYRAB = \sum_{\text{in U.S.}}^{\text{all ctys}} (CPCCYRAB \times CTYNUMYR) \div \sum_{\text{in US}}^{\text{all ctys}} CTYNUMYR$$

12.CTYNUMYR = (ADNUMYRA) × (PT_A_PCT) + (ADNUMYRB) × (PT_B_PCT)

Composite Part A and Part B enrollment

The county per capita cost for a calendar year is based on the actual fee-for-service payments⁷ made for all beneficiaries residing in the county. The payments made for the Aged (age 65 and over) and the Disabled (less than age 65) are grouped together. However payments for Part A (ADCOSYRA) and Part B (ADCOSYRB) are totaled separately.

Similarly, the number of beneficiaries⁸ in the county is summarized separately for Part A (ADNUMYRA) and Part B (ADNUMYRB).

Next, the Part A (CPCCYRA) and Part B (CPCCYRB) county per capita costs can be calculated by dividing the payments by the number of beneficiaries. Finally, these two per capita costs are summed to give the overall county per capita cost (CPCCYRAB).

⁶ <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/calculationdata2013.zip>

Filename: Risk_Scores 2006-2010 Non-PACE.csv contains historical risk scores

⁷ http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/FFS_Data.html

Medicare fee-for-service data for each county broken out by aged, disabled, and ESRD beneficiaries including data on total Medicare fee-for-service reimbursement and enrollment for Parts A and B.

⁸ *ibid*

13. CPCCYRAB = CPCCYRA + CBPCCYRB

Combined Per Capita Cost for Parts A and B, Aged and Disabled beneficiaries

14. CPCCYRA = ADCOSYRA ÷ ADNUMYRA ÷ 12

Per Capita Cost for Part A Aged and Disabled beneficiaries

15. CPCCYRB = ADCOSYRB ÷ ADNUMYRB ÷ 12

Per Capita Cost for Part B Aged and Disabled beneficiaries

16. ADCOSYRA = AACOSTYR + DACOSTYR

Total Part A payments for Aged and Disabled beneficiaries

17. ADCOSYRB = ABCOSTYR + DBCOSTYR

Total Part B payments for Aged and Disabled beneficiaries

18. ADNUMYRA = AANUMYR + DANUMYR

Total number of Part A Aged and Disabled beneficiaries

19. ADNUMYRB = ABNUMYR + DBNUMYR

Total number of Part B Aged and Disabled beneficiaries