

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR DRUG and HEALTH PLAN CHOICE

DATE: April 13, 2010

TO: All MA-PD plans, PACE organizations, and PDPs

FROM: Thomas Hutchinson, Director, Medicare Plan Payment Group

SUBJECT: Incoming File from CMS: beneficiary-level file to support 2011 Part D bids

This evening, CMS will push out to all MA-PD plans, PACE organizations, and PDPs a beneficiary-level file that your actuaries will be using to develop 2011 Part D bids. This memo is to inform you that there may be potential action that is needed for you to accept this new file. Please also note that we have posted contract-PBP level risk score data on HPMS.

The file name will be constructed as follows:

Gentran: P.Rxxxxx.PRTD2011.Dyymmdd.Thhmsst.pn
C:D mainframe: zzzzzzzz.Rxxxxx. PRTD2011.Dyymmdd.Thhmsst
C:D non-mainframe: [directory]Rxxxxx. PRTD2011.Dyymmdd.Thhmsst

KEY

xxxxxx = 5 character plan contract #
yymmdd = two digit year, month, day
hhmsst = hour/minute/second/tenths of second
pn = process number
zzzzzzzz = Plan-provided high level qualifier, default is EFTO for production; EFTT for test
[directory] = optional directory specified from non-mainframe C:D clients, default is EFTO. for production; EFTT. for test

If you have any questions regarding the retrieval of this file, please contact the MAPD Help Desk via email at MAPDHELP@cms.hhs.gov or via phone at 1-800-927-8069. If you have questions about the content of the file, please contact Rebecca Paul at Rebecca.Paul@cms.hhs.gov or (410) 786-0852, or Chanda McNeal at Chanda.McNeal@cms.hhs.gov, or (410) 786-3089.

Below is the file layout with technical notes.

Tech Notes –

Please note the following:

1. The file includes beneficiaries who were in your contract for at least one month in 2009.
2. The risk scores provided in this file are not normalized and your projected 2011 risk score will need to take into account the appropriate normalization factor, per the 2011 Bid Instructions. The 2011 Part D normalization factor is 1.029.
3. The diagnosis data used for the risk score estimates are from calendar year 2008 dates of service (i.e., the data collection period) based on: 1) plan diagnosis data submitted through January 31, 2010, and 2) Medicare FFS diagnosis data through January 2010. These risk scores are based on the same diagnostic runout as the final 2009 risk scores.
4. The new RxHCC risk adjustment model has ICD-9 codes mapped to the RxHCCs that are not in the current RxHCC model. Because some MA plans have not been submitting all of these new diagnoses, CMS cannot be certain that the 2009 risk score that we are providing was calculated using comprehensive data for any Part D beneficiary who was enrolled in a MA plan for any part of 2008.

In order to determine the impact of the missing diagnoses on the new Part D scores, CMS calculated Part D scores under the new model for FFS beneficiaries, for whom we have a comprehensive set of reported diagnoses. We calculated these new Part D risk scores two ways: (1) with all the diagnoses mapped to the new RxHCCs and (2) with the subset of diagnoses that have been submitted by MA plans for both the CMS-HCC and the RxHCC models.

To estimate adjustment factors, we calculated a ratio of the “incomplete data” risk score and the “complete data” risk score for each segment of the new RxHCC risk adjustment model. We then turned the ratio into a multiplicative adjustment factor by taking 1/ratio. These ratios and adjustment factors are as follows:

<u>Model Segment</u>	<u>Ratio</u>	<u>Adjustment Factor</u>
Non-LI, aged	0.998	1.002
Non-LI, disabled	0.995	1.005
LI, aged	0.996	1.004
LI, disabled	0.979	1.021
LTI	0.998	1.002

In developing the risk score for their bids, Part D sponsors will need to assess the data source of their enrollees and apply the adjustment factors appropriately.

5. Part D risk scores were calculated using both the current and the revised RxHCC risk adjustment models. The coefficients for the current model are published in the 2006 *Rate Announcement*, published on April 7, 2005. The coefficients for the revised model are published in the 2011 *Rate Announcement*, published on April 5, 2010.

File layout & data dictionary

Field #	Field Name	Len	Pos	Description	Explanation
1	CAN/BIC	12	1-12	Beneficiary ID	A beneficiary is on the file as long as they were in the Part D contract for at least one month in 2009.
2-13	Contract ID	5 X 12	13- 72	Contract ID. Array of 12 monthly fields.	Contract ID is populated for those months in the payment year for which the beneficiary was enrolled in the contract. For each month that this field is populated, the other applicable monthly fields are appropriately populated for the beneficiary. If this field is blank, then the beneficiary was not enrolled in the contract for the month in question.
14-25	Plan ID	3 X 12	73- 108	Plan ID. Array of 12 monthly fields.	PBP in which the beneficiary is enrolled for the month.
26-37	Segment ID	3 X 12	109- 144	Segment ID. Array of 12 monthly fields.	Segment in which the beneficiary is enrolled for the month. <i>MA-PDs only</i> .
38	Part D base risk score, current model	7.4	145- 151	Part D base risk score for full risk beneficiaries.	This risk score is the beneficiary's base risk score; no multiplier has been included in the calculation of the score. See below for the appropriate multiplier for each month.
39	Part D base new enrollee risk score, current model	7.4	152- 158	Part D base risk score for beneficiaries who are new enrollee.	This risk score is the beneficiary's base risk score; no multiplier has been included in the calculation of the score. See below for the appropriate multiplier for each month.
40	Part D -- Beneficiary status (for use with current model)	1	159- 159	Part D Beneficiary status codes are as follows: 1 = New enrollee: less than 12 months of Part B in 2008 2 = Full risk beneficiary: 12 months of Part B in 2008.	Flag indicating whether the beneficiary was full risk or a new enrollee in 2009.
41-52	Part D -- LI/LTI multiplier (for use with current model)	1X 12	160- 171	Array of 12 monthly fields. Part D LI/LTI multiplier codes are as follows: 1 = 1.0	Applicable multiplier for each month that beneficiary is in the organization's Part D plan.

				2 = 1.05 3 = 1.08 4 = 1.21	
53-64	Part D -- LI/LTI status (for use with current model)	1X 12	172- 183	Array of 12 monthly fields. Part D LI/LTI status codes are as follows: 1 = Not LI or LTI 2 = Low income (LI) 3 = Long term institutional (LTI)	Field indicates whether beneficiary was considered LTI or LI for each month.
65	Part D new enrollee non- LI/non-LTI risk score, 2011 model	7.4	184- 190	Beneficiary's 2009 Part D new enrollee non-LI/non-LTI risk score, 2011 RxHCC model.	
66	Part D new enrollee LI risk score, 2011 model	7.4	191- 197	Beneficiary's 2009 Part D new enrollee LI risk score, 2011 RxHCC model.	
67	Part D new enrollee LTI risk score, 2011 model	7.4	198- 204	Beneficiary's 2009 Part D new enrollee LTI risk score, 2011 RxHCC model.	
68	Part D institutional risk score, 2011 model	7.4	205- 211	Beneficiary's 2009 Part D full risk institutional risk score, 2011 RxHCC model.	
69	Part D low income aged risk score, 2011 model	7.4	212- 218	Beneficiary's 2009 Part D full risk aged/LI risk score, 2011 RxHCC model.	
70	Part D non-LI aged risk score, 2011 model	7.4	219- 225	Beneficiary's 2009 Part D full risk aged/non-LI risk score, 2011 RxHCC model.	
71	Part D low income disabled risk score, 2011 model	7.4	226- 232	Beneficiary's 2009 Part D full risk disabled/LI risk score, 2011 RxHCC model.	
72	Part D non-LI disabled risk score, 2011 model	7.4	233- 239	Beneficiary's 2009 Part D full risk disabled/non-LI risk score, 2011 RxHCC model.	
73-84	Part D – Beneficiary status (for use with 2011 model)	1 X 12	240- 251	Array of 12 monthly flags. Part D Beneficiary status codes are as follows: 1 = New Enrollee Institutional 2 = New Enrollee Low Income 3 = New Enrollee Non-Low Income 4 = Continuous Enrollment	

				Institutional 5 = Continuous Enrollment Low Income Aged 6 = Continuous Enrollment Non-Low Income Aged 7 = Continuous Enrollment Low Income Disabled 8 = Continuous Enrollment Non-Low Income Disabled	
85-96	Part D – ESRD status	1 X 12	252-263	Array of 12 monthly flags. Part D ESRD status codes are as follows: 1 = Not ESRD 2 = ESRD	There is an ESRD add-on in the new enrollee risk scores in the new RxHCC risk adjustment model. These flags are for MA-PDs and PDPs to use in assessing the new enrollee risk score.