DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CMS/
CENTERS for MEDICARE & MEDICAID SERVICES

CENTER FOR DRUG and HEALTH PLAN CHOICE

DATE: April 13, 2010

TO: All MA plans and PACE organizations

FROM: Thomas Hutchinson, Director, Medicare Plan Payment Group

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

This evening, CMS will push out to all MA plans and PACE organizations a beneficiary-level file that your actuaries will be using to develop 2011 Part C 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.PRTC2011.Dyymmdd.Thhmmsst.pn
C:D mainframe: zzzzzzzz.Rxxxxx. PRTC2011.Dyymmdd.Thhmmsst
C:D non-mainframe: [directory]Rxxxxx. PRTC2011.Dyymmdd.Thhmmsst

KEY
xxxxx = 5 character plan contract #
yymmdd = two digit year, month, day
hhmmsst = 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 all beneficiaries who were enrolled in your contract for at least one month in 2009, including beneficiaries with Part A only or Part B only.

2. The risk scores provided in this file are <u>not</u> normalized and your projected 2011 risk score will need to take into account the appropriate normalization factor, per the 2011 Bid Instructions. The Part C normalization factor is 1.058.

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.

4. C-SNPs – For 2011, CMS will pay new enrollees in Chronic Condition SNPs with a different set of new enrollee risk scores. Note that CMS did not include these C-SNP-specific new enrollee risk scores in this file; the risk scores provided are almost identical to those that will be used for final payment reconciliation for 2009.

5. The CMS-HCC model used to calculate the risk scores is the model that will be used in payment in 2011. The coefficients are published in the 2009 *Rate Announcement*, published on April 7, 2008.

File layout & data dictionary – Part C risk scores

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 C 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.
38-49	Medicaid	2 X	145-	Medicaid status for the month.	This is not a risk score-related field;

	status	12	168	Array of 12 monthly fields. Medicaid status codes are as follows: 01 = QMB-only 02 = Eligible is entitled to Medicare- QMB AND Medicaid coverage 03 = Eligible is entitled to Medicare- SLMB only 04 = Eligible is entitled to Medicare- SLMB AND Medicaid coverage 05 = Eligible is entitled to Medicare- QDWI 06 = Eligible is entitled to Medicare- Qualifying individuals 08 = Full benefit dual eligible (non-SLMB, non-QMB) 09 = Other dual eligible without full Medicaid benefits, e.g., Pharmacy Plus and 1115 drug-only demonstrations 99 = Medicaid, but unknown status Blank = Not a dual eligible	the information in this field is intended to assist plans in developing the cost sharing in their Part C bids.
50	Part C community risk score	7.4	169-175	Beneficiary's 2009 community risk score.	
51	Part C institutional risk score	7.4	176-182	Beneficiary's 2009 institutional risk score.	
52	Part C new enrollee risk score	7.4	183-189	Beneficiary's 2009 new enrollee risk score.	
53-64	Part C -- Beneficiary status	1 X 12	190-201	Array of 12 monthly flags. Part C Beneficiary status codes are as follows: 1 = ESRD 2 = Hospice 3 = New enrollee 4 = Institutional 5 = Community	Part C beneficiary status indicates which risk scores was used in the respective month. Beneficiary status is coded in the hierarchy as listed here. ESRD risk score is not provided for those months when the beneficiary is ESRD, since plans do not bid on ESRD months. A separate file with ESRD risk scores will be provided for ESRD SNPs.