

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



CENTER FOR MEDICARE

Date: April 24, 2013

To: Medicare Advantage Organizations sponsoring Chronic Condition Special Needs Plans (C-SNPs)

From: Cheri Rice, Director
Medicare Plan Payment Group

Subject: Incoming File from CMS: Updated beneficiary-level file (including C-SNP new enrollee risk scores) to support 2014 Part C bids

CMS has pushed out an updated beneficiary-level file including 2014 model C-SNP new enrollee risk scores that your actuaries will be using to develop 2014 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 updated contract-PBP level risk score data will be posted on HPMS in the coming week.

The file name will be constructed as follows:

GENTRAN: P.Rxxxxx.PRTC2014.Dyymmdd.Thhmsst.pn
C:D mainframe: zzzzzzzz.Rxxxxx.PRTC2014.Dyymmdd.Thhmsst
C:D non-mainframe: [directory]Rxxxxx.PRTC2014.Dyymmdd.Thhmsst

KEY

xxxxx = 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 Gift Tee at Gift.Tee@cms.hhs.gov or (410) 786-9316, or Monica Reed at Monica.Reed@cms.hhs.gov or (410) 786-9212.

Below is the file layout with technical notes.

Tech Notes –

Please note the following:

1. The 2012 Part C risk scores were calculated using both the CMS-HCC risk adjustment model that was used in 2012 payment, and the CMS-HCC risk adjustment models that will be used to calculate the blended risk score that will be applied in 2014 payment. The relative factors of the risk adjustment model used for 2012 are published in the 2009 *Rate Announcement*, published on April 7, 2008, and the coefficients of the risk adjustment models to be used in calculating the 2014 risk scores are published in the:
 - a. 2013 Rate Announcement, published on April 2, 2012.
 - b. 2014 Rate Announcement, published on April 1, 2013.

Rate Announcements can be found at: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html>.

2. The file includes all beneficiaries who were enrolled in your contract for at least one month in 2012, including beneficiaries with Part A only or Part B only.
3. The risk scores are not normalized and do not have an MA coding adjustment factor applied. Instructions for how to appropriately incorporate the normalization factor and the MA coding adjustment factor will be included in the *2014 Bid Instructions*. The 2014 Part C normalization factors are:
 - a. 2013 model: 1.041
 - b. 2014 model: 1.026
4. Please note that risk scores provided using the 2014 model may not be complete, depending on whether your plan filters for model diagnoses when submitting RAPS data. Diagnoses from FFS are complete, and we used all MA diagnoses submitted by Medicare Advantage Organizations (MAOs). If your MAO does *not* filter diagnoses for model diagnoses when you submit RAPS data, then your risk scores calculated using the 2014 CMS-HCC model may be complete. However, if your MAO does filter diagnoses when you submit your RAPS data, then your risk scores are not complete. Below we provide “missing data” adjustment factors to help you develop the 2014 model risk score that will be blended with the 2013 model risk score to calculate your PY 2014 risk score. These “missing data” adjustment factors were derived from FFS data, and are offered to plans only to assist them in determining how to adjust the risk scores under the 2014 model. The actual adjustment will depend on where your 2012 enrollees were enrolled in 2011 (one of your MAO’s plans, FFS, or a plan with another MAO).
 - a. Missing data adjustment if the score is calculated using diagnoses mapping to the 2013 model: 1.036
 - b. Missing data adjustment if the score is calculated using diagnoses mapping to the 2013 CMS-HCC model *and* to the 2013 RxHCC model: 1.015
5. The estimated 2012 risk score takes into account retroactive (1) enrollment and disenrollment, (2) long term institutional status, and (3) Medicaid status that have

occurred since the 2012 payments were initially made. The diagnosis data used for the risk score estimates are from calendar year 2011 dates of service (i.e., the data collection period) based on: 1) plan diagnosis data submitted through January 31, 2013 and 2) Medicare FFS diagnosis data through January 2013.

6. Final 2012 risk scores will use the same runout for plan-reported diagnoses; approximately one more month of FFS diagnostic runout; as well as any additional status changes that occur before the final risk score run (e.g., Medicaid, long term institutional, disability, ESRD).
7. C-SNPs – For 2014, CMS will again pay new enrollees in Chronic Condition SNPs with a different set of new enrollee risk scores. This updated beneficiary-level file includes the 2014 model C-SNP new enrollee risk scores.

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 2012 |
| 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 X12 | 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 status | 2 X 12 | 145- 168 | Medicaid status for the month. 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 | Medicaid status indicates status for each month in 2012; it is the status that is reflected in the risk score-related. The information in this field is intended to assist plans in developing the cost sharing in their Part C bids. |

| | | | | | |
|----|------------------------------------------------|-----|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | | | | 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 | |
| 50 | Part C community risk score, 2014 model | 7.4 | 169-175 | Beneficiary's 2012 community risk score, 2014 HCC model. | |
| 51 | Part C institutional risk score, 2014 model | 7.4 | 176-182 | Beneficiary's 2012 institutional risk score, 2014 HCC model. | |
| 52 | Part C new enrollee risk score, 2014 model | 7.4 | 183-189 | Beneficiary's 2012 new enrollee risk score, 2014 HCC model. | |
| 53 | Part C SNP new enrollee risk score, 2014 model | 7.4 | 190-196 | Beneficiary's 2012 C-SNP new enrollee risk score, 2014 HCC model. | |
| 54 | Part C community risk score, 2013 model | 7.4 | 197-203 | Beneficiary's 2012 community risk score, 2013 HCC model. | |
| 55 | Part C institutional risk score, 2013 model | 7.4 | 204-210 | Beneficiary's 2012 institutional risk score, 2013 HCC model. | |
| 56 | Part C new enrollee risk score, 2013 model | 7.4 | 211-217 | Beneficiary's 2012 new enrollee risk score, 2013 HCC model. | |
| 57 | Part C SNP new enrollee risk score, 2013 model | 7.4 | 218-224 | Beneficiary's 2012 C-SNP new enrollee risk score, 2013 HCC model. | |
| 58 | Part C community risk score, 2012 model | 7.4 | 225-231 | Beneficiary's 2012 community risk score, 2012 HCC model. | |
| 59 | Part C institutional risk score, 2012 model | 7.4 | 232-238 | Beneficiary's 2012 institutional risk score, 2012 HCC model. | |
| 60 | Part C new | 7.4 | 239- | Beneficiary's 2012 new enrollee | |

| | | | | | |
|-------|------------------------------------------------|-----------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | enrollee risk score, 2012 model | | 245 | risk score, 2012 HCC model. | |
| 61 | Part C SNP new enrollee risk score, 2012 model | 7.4 | 246-252 | Beneficiary's 2012 C-SNP new enrollee risk score, 2012 HCC model. | |
| 62-73 | Part C Beneficiary status | 1 X 12 | 253-264 | <p>Array of 12monthly flags.</p> <p>Part C Beneficiary status codes are as follows:</p> <p>1 = ESRD 2 = Hospice 3 = New enrollee 4 = Institutional 5 = Community</p> | 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. |