

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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**CENTER FOR MEDICARE
MEDICARE PLAN PAYMENT GROUP**

Date: April 13, 2018

To: All MA-PD plans, 1876 Cost Plans, PACE organizations, and PDPs

From: Jennifer Harlow, Deputy Director, Medicare Plan Payment Group

Subject: Incoming File from CMS: Beneficiary-level file to support 2019 Part D bids

CMS has pushed out to all MA-PD plans, 1876 Cost Plans, PACE organizations, and PDPs a beneficiary-level file that your actuaries will be using to develop 2019 Part D bids. CMS pushes this data out to contracts that offer one or more Part D plans. 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 posted contract-PBP level risk score data on HPMS.

The file name will be constructed as follows:

GENTRAN: P.Rxxxxx.PTD2019.Dyymmdd.Thhmsst.pn
C:D mainframe: zzzzzzzz.Rxxxxx.PTD2019.Dyymmdd.Thhmsst
C:D non-mainframe: [directory]Rxxxxx.PTD2019.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

Please note that the file name is one character shorter than in prior years.

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 email the CMS Risk Adjustment mailbox at RiskAdjustment@cms.hhs.gov and specify "Payment Year 2019 Risk Scores for Bidding" in the subject line.

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 2017.
2. The 2017 Part D risk scores were calculated using both the RxHCC risk adjustment model that was used in 2017 payment and the 2018 RxHCC risk adjustment model that will continue to be used in 2019 payment. The relative factors for the 2017 model are published in the 2017 *Rate Announcement*, published on April 4, 2016. The relative factors for the 2018 model are published in the 2018 *Rate Announcement*, published on April 3, 2017.
3. We are providing the following sets of 2017 risk scores (2016 dates of service):
 - 2017 RxHCC risk adjustment model: Risk scores calculated using diagnoses from the Risk Adjustment Processing System (RAPS) and FFS claims,
 - 2017 RxHCC risk adjustment model: Risk scores calculated using diagnoses from the Encounter Data System and FFS claims,
 - 2018 RxHCC risk adjustment model: Risk scores calculated using diagnoses from the Risk Adjustment Processing System (RAPS) and FFS claims,
 - 2018 RxHCC risk adjustment model: Risk scores calculated using diagnoses from the Encounter Data System (EDS) and FFS claims, and with RAPS inpatient diagnoses included as a supplement.
4. The risk scores provided in this file are not normalized. The 2018 RxHCC model has a 2015 denominator and the 2017 RxHCC model has a 2014 denominator. Your projected 2019 risk score will need to take into account the appropriate normalization factor, per the *2019 Bid Instructions*. The 2019 Part D normalization factor is 1.019.
5. The PY2017 risk scores provided are estimated risk scores based on the 2017 Interim Final risk score run.
 - The diagnosis data used for the risk score estimates are from calendar year 2016 dates of service (i.e., the data collection period) based on: 1) plan diagnosis data submitted to EDS and RAPS through January 31, 2018, and 2) Medicare FFS diagnosis data through January 2018.
 - The estimated 2017 risk score takes into account retroactive adjustments for (1) enrollment and disenrollment through January 2018, (2) long term institutional status through February 22, 2018, and (3) changes in low income status that have occurred since the prospective 2017 payments were made.
6. Final PY 2017 **RAPS-based risk scores** will include a longer runout of plan-reported RAPS diagnoses and will use the same runout for FFS diagnoses. In the January 26, 2018 HPMS memo “Extension of PY2017 Risk Adjustment Processing (RAPS) Final Reconciliation Data Submission Deadline”, CMS provided information for the extension of the RAPS deadline. In order to provide risk scores to support bidding CMS used the January 31, 2018 cutoff for diagnoses from RAPS.

We note that for bidding, Organizations will need to adjust the 2017 (base year) CMS-provided RAPS-based risk scores for the runout in plan-submitted diagnosis data beyond the

January 31st cutoff used for the final risk scores.

7. Final PY2017 **encounter data-based risk scores** will use a longer runout of diagnoses from encounter data and will use the same runout for FFS diagnoses. In the February 20, 2018 HPMS memo “CORRECTION - Updated Announcement Regarding Encounter Data Deadlines for Payment Years 2016 and 2017 Final Reconciliation,” CMS provided information regarding the deadline for submission of encounter data for the 2017 Final risk score run. In order to provide encounter data-based scores to support bidding, CMS used a January 31, 2018 cutoff for diagnoses from the EDS and plan diagnosis data submitted on RAPS inpatient records (provider types 01 and 02). In addition, the diagnoses included in the encounter data-based scores are filtered using Phase 3.2 logic as reflected in the Phase II MAO-004 reports.

We note that for bidding, Organizations will need to adjust the 2017 (base year) CMS-provided encounter data-based risk scores for the runout in diagnoses submitted on encounter data records beyond the January 31st cutoff used for these risk scores, as well as for expected changes between Phase 3.2 and Phase 3.3 diagnoses, before projecting to 2019. We will provide considerations in the bidding instructions.

8. In addition, the scores will take into account any additional status changes that occur before the final risk score run (e.g., low income, long term institutional, disability, ESRD).
9. For PACE organizations, the Part D risk scores were calculated by pooling risk adjustment-eligible diagnoses from encounter data, RAPS, and FFS based risk scores, which is consistent with the way CMS calculates risk scores for payment for these organizations. A separate Part D risk score layout for PACE organizations is included below the Part D layout for non-PACE organizations.

File layout & data dictionary – Part D 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 D contract for at least one month in 2017. |
| 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 new enrollee non-LI/non-ESRD risk score, V05 (2017) model | 7.4 | 145-151 | Beneficiary's 2017 Part D new enrollee non-LI/non-ESRD risk score, V05 (2017) RxHCC model. | |
| 39 | Part D new enrollee LI/ non-ESRD risk score, V05 (2017) model | 7.4 | 152-158 | Beneficiary's 2017 Part D new enrollee LI/non-ESRD risk score, V05 (2017) RxHCC model. | |
| 40 | Part D new enrollee LTI/ non-ESRD risk score, V05 (2017) model | 7.4 | 159-165 | Beneficiary's 2017 Part D new enrollee LTI/non-ESRD risk score, V05 (2017) RxHCC model. | |
| 41 | Part D new enrollee non-LI/ESRD risk score, V05 (2017) model | 7.4 | 166-172 | Beneficiary's 2017 Part D new enrollee non-LI/ESRD risk score, V05 (2017) RxHCC model. | |
| 42 | Part D new enrollee LI/ESRD risk score, V05 (2017) model | 7.4 | 173-179 | Beneficiary's 2017 Part D new enrollee LI/ESRD risk score, V05 (2017) RxHCC model. | |
| 43 | Part D new enrollee LTI/ ESRD risk score, V05 (2017) model | 7.4 | 180-186 | Beneficiary's 2017 Part D new enrollee LTI/ESRD risk score, V05 (2017) RxHCC model. | |
| 44 | Part D LTI risk score, V05 (2017) model, | 7.4 | 187-193 | Beneficiary's 2017 Part D full risk LTI risk score, V05 (2017) RxHCC model, ED/FFS based. | Model run with Phase 3.2 filtered Encounter data and FFS data for diagnosis inputs. |

| | | | | | |
|----|--|-----|---------|--|---|
| | ED/FFS | | | | |
| 45 | Part D LTI risk score, V05 (2017) model, RAPS/FFS | 7.4 | 194-200 | Beneficiary's 2017 Part D full risk LTI risk score, V05 (2017) RxHCC model, RAPS/FFS based. | Model run with RAPS data and FFS data for diagnosis inputs. |
| 46 | Part D LI risk score, V05 (2017) model, ED/FFS | 7.4 | 201-207 | Beneficiary's 2017 Part D full risk LI risk score, V05 (2017) RxHCC model, ED/FFS based. | Model run with Phase 3.2 filtered Encounter data and FFS data for diagnosis inputs. |
| 47 | Part D LI risk score, V05 (2017) model, RAPS/FFS | 7.4 | 208-214 | Beneficiary's 2017 Part D full risk LI risk score, V05 (2017) RxHCC model, RAPS/FFS based. | Model run with RAPS data and FFS data for diagnosis inputs. |
| 48 | Part D non-LI risk score, V05 (2017) model, ED/FFS | 7.4 | 215-221 | Beneficiary's 2017 Part D full risk non-LI risk score, V05 (2017) RxHCC model, ED/FFS based. | Model run with Phase 3.2 filtered Encounter data and FFS data for diagnosis inputs. |
| 49 | Part D non-LI risk score, V05 (2017) model, RAPS/FFS | 7.4 | 222-228 | Beneficiary's 2017 Part D full risk non-LI risk score, V05 (2017) RxHCC model, RAPS/FFS based. | Model run with RAPS data and FFS data for diagnosis inputs. |
| 50 | Part D new enrollee non-LI/non-ESRD risk score, V05 (2018) model | 7.4 | 229-235 | Beneficiary's 2017 Part D new enrollee non-LI/non-ESRD risk score, V05 (2018) RxHCC model. | |
| 51 | Part D new enrollee LI/ non-ESRD risk score, V05 (2018) model | 7.4 | 236-242 | Beneficiary's 2017 Part D new enrollee LI/non-ESRD risk score, V05 (2018) RxHCC model. | |
| 52 | Part D new enrollee LTI/ non-ESRD risk score, V05 (2018) model | 7.4 | 243-249 | Beneficiary's 2017 Part D new enrollee LTI/non-ESRD risk score, V05 (2018) RxHCC model. | |
| 53 | Part D new enrollee non-LI/ESRD risk score, V05 (2018) model | 7.4 | 250-256 | Beneficiary's 2017 Part D new enrollee non-LI/ESRD risk score, V05 (2018) RxHCC model. | |
| 54 | Part D new enrollee LI/ESRD risk score, V05 (2018) model | 7.4 | 257-263 | Beneficiary's 2017 Part D new enrollee LI/ESRD risk score, V05 (2018) RxHCC model. | |
| 55 | Part D new enrollee LTI/ ESRD risk score, V05 (2018) model | 7.4 | 264-270 | Beneficiary's 2017 Part D new enrollee LTI/ESRD risk score, V05 (2018) RxHCC model. | |
| 56 | Part D LTI risk score, V05 (2018) model, ED/FFS/Inpatient RAPS | 7.4 | 271-277 | Beneficiary's 2017 Part D full risk LTI risk score, V05 (2018) RxHCC model, ED/FFS/Inpatient RAPS based. | Model run with Phase 3.2 filtered Encounter data, FFS data, and Inpatient RAPS data for diagnosis inputs. |

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|-------|---|--------|---------|---|--|
| 57 | Part D LTI risk score, V05 (2018) model, RAPS/FFS | 7.4 | 278-284 | Beneficiary's 2017 Part D full risk LTI risk score, V05 (2018) RxHCC model, RAPS/FFS based. | Model run with RAPS data and FFS data for diagnosis inputs. |
| 58 | Part D LI risk score, V05 (2018) model, ED/FFS/Inpatient RAPS | 7.4 | 285-291 | Beneficiary's 2017 Part D full risk LI risk score, V05 (2018) RxHCC model, ED/FFS/Inpatient RAPS based. | Model run with Phase 3.2 filtered Encounter data, FFS data, and Inpatient RAPS data for diagnosis inputs. |
| 59 | Part D LI risk score, V05 (2018) model, RAPS/FFS | 7.4 | 292-298 | Beneficiary's 2017 Part D full risk LI risk score, V05 (2018) RxHCC model, RAPS/FFS based. | Model run with RAPS data and FFS data for diagnosis inputs. |
| 60 | Part D non-LI risk score, V05 (2018) model, ED/FFS/Inpatient RAPS | 7.4 | 299-305 | Beneficiary's 2017 Part D full risk non-LI risk score, V05 (2018) RxHCC model, ED/FFS/Inpatient RAPS based. | Model run with Phase 3.2 filtered Encounter data, FFS data, and Inpatient RAPS data for diagnosis inputs. |
| 61 | Part D non-LI risk score, V05 (2018) model, RAPS/FFS | 7.4 | 306-312 | Beneficiary's 2017 Part D full risk non-LI risk score, V05 (2018) RxHCC model, RAPS/FFS based. | Model run with RAPS data and FFS data for diagnosis inputs. |
| 62-73 | Part D – Beneficiary status | 1 X 12 | 313-324 | <p>Array of 12 monthly flags.</p> <p>Part D Beneficiary status codes are as follows:</p> <p>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</p> | |
| 74-85 | Part D – ESRD status | 1 X 12 | 325-336 | <p>Array of 12 monthly flags.</p> <p>Part D ESRD status codes are as follows:</p> <p>1 = Not ESRD 2 = ESRD</p> | There is an ESRD add-on in the new enrollee risk scores in the risk adjustment model. These flags are for MA-PDs and PDPs to use in assessing the new enrollee risk score. |
| 86 | Aged Status | 1 | 337 | <p>Beneficiary's Aged Status</p> <p>1=Aged 0=Disabled</p> | Age calculated as of February 1, 2017. |

File layout & data dictionary – Part D risk scores (PACE organizations)

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|---------|--|-----------|-------------|--|--|
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| 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 new enrollee non-LI/non-ESRD risk score, V05 (2017) RxHCC model | 7.4 | 145- 151 | Beneficiary's 2017 Part D new enrollee non-LI/non-ESRD risk score, V05 (2017) RxHCC model. | |
| 39 | Part D new enrollee LI/ non-ESRD risk score, V05 (2017) RxHCC | 7.4 | 152- 158 | Beneficiary's 2017 Part D new enrollee LI/non-ESRD risk score, V05 (2017) RxHCC model. | |
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| 41 | Part D new enrollee non-LI/ESRD risk score, V05 (2017) RxHCC model | 7.4 | 166- 172 | Beneficiary's 2017 Part D new enrollee non-LI/ESRD risk score, V05 (2017) RxHCC model. | |
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| 43 | Part D new enrollee LTI/ESRD risk score, V05 (2017) RxHCC model | 7.4 | 180-186 | Beneficiary's 2017 Part D new enrollee LTI/ESRD risk score, V05 (2017) RxHCC model. | |
| 44 | Part D LTI risk score, V05 (2017) RxHCC model | 7.4 | 187-193 | Beneficiary's 2017 Part D full risk LTI risk score, V05 (2017) RxHCC model. | Model run with Phase 3.2 filtered Encounter data, RAPS data, and FFS data for diagnosis inputs. |
| 45 | Part D LI risk score, V05 (2017) RxHCC model | 7.4 | 194-200 | Beneficiary's 2017 Part D full risk LI risk score, V05 (2017) RxHCC model. | Model run with Phase 3.2 filtered Encounter data, RAPS data, and FFS data for diagnosis inputs. |
| 46 | Part D non-LI risk score, V05 (2017) RxHCC model | 7.4 | 201-207 | Beneficiary's 2017 Part D full risk non-LI risk score, V05 (2017) RxHCC model. | Model run with Phase 3.2 filtered Encounter data, RAPS data, and FFS data for diagnosis inputs. |
| 47 | Part D new enrollee non-LI/non-ESRD risk score, V05 (2018) RxHCC model | 7.4 | 208-214 | Beneficiary's 2017 Part D new enrollee non-LI/non-ESRD risk score, V05 (2018) RxHCC model. | |
| 48 | Part D new enrollee LI/ non-ESRD risk score, V05 (2018) RxHCC | 7.4 | 215-221 | Beneficiary's 2017 Part D new enrollee LI/non-ESRD risk score, V05 (2018) RxHCC model. | |
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| 50 | Part D new enrollee non-LI/ESRD risk score, V05 (2018) RxHCC model | 7.4 | 229-235 | Beneficiary's 2017 Part D new enrollee non-LI/ESRD risk score, V05 (2018) RxHCC model. | |
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| 52 | Part D new enrollee LTI/ESRD risk score, V05 (2018) RxHCC model | 7.4 | 243-249 | Beneficiary's 2017 Part D new enrollee LTI/ESRD risk score, V05 (2018) RxHCC model. | |
| 53 | Part D LTI risk score, V05 (2018) RxHCC model | 7.4 | 250-256 | Beneficiary's 2017 Part D full risk LTI risk score, V05 (2018) RxHCC model. | Model run with Phase 3.2 filtered Encounter data, RAPS data, and FFS data for diagnosis inputs. |
| 54 | Part D LI risk score, V05 (2018) RxHCC model | 7.4 | 257-263 | Beneficiary's 2017 Part D full risk LI risk score, V05 (2018) RxHCC model. | Model run with Phase 3.2 filtered Encounter data, RAPS data, and FFS data for diagnosis inputs. |
| 55 | Part D non-LI risk score, V05 (2018) RxHCC model | 7.4 | 264-270 | Beneficiary's 2017 Part D full risk non-LI risk score, V05 (2018) RxHCC model. | Model run with Phase 3.2 filtered Encounter data, RAPS data, and FFS data for diagnosis inputs. |
| 56-67 | Part D – Beneficiary status | 1 X 12 | 271-282 | <p>Array of 12 monthly flags.</p> <p>Part D Beneficiary status codes are as follows:</p> <p>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</p> | |
| 68-79 | Part D – ESRD status | 1 X 12 | 283-294 | <p>Array of 12 monthly flags.</p> <p>Part D ESRD status codes are as follows:</p> <p>1 = Not ESRD 2 = ESRD</p> | There is an ESRD add-on in the new enrollee risk scores in the risk adjustment model. These flags are for MA-PDs and PDPs to use in assessing the new enrollee risk score. |
| 80 | Aged Status | 1 | 295 | <p>Beneficiary's Aged Status</p> <p>1=Aged 0=Disabled</p> | Age calculated as of February 1, 2017. |