

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 Medicare Advantage Organizations and Section 1876 Cost Contractors

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

Subject: Incoming Files from CMS: beneficiary-level file to support 2019 Part C bids & ESRD Risk Scores

CMS has pushed out to all Medicare Advantage Organizations a beneficiary level file that your actuaries will be using to develop 2019 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 posted contract-PBP level risk score data in HPMS.

The file names will be constructed as follows:

Part C file name:

GENTRAN: P.Rxxxxx.PTC2019.Dyymmdd.Thhmsst.pn
C:D mainframe: zzzzzzz.Rxxxxx.PTC2019.Dyymmdd.Thhmsst
C:D non-mainframe: [directory]Rxxxxx.PTC2019.Dyymmdd.Thhmsst

KEY

xxxxx = 5 character plan contract #
yymmdd = two digit year, month, day
hhmsst = hour/minute/second/tenths of second
pn = process number
zzzzzzz = 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

ESRD file name:

GENTRAN: P.Rxxxxx.ESR2019.Dyymmdd.Thhmsst.pn
C:D mainframe: zzzzzzz.Rxxxxx.ESR2019.Dyymmdd.Thhmsst
C:D non-mainframe: [directory]Rxxxxx.ESR2019.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 all beneficiaries who were enrolled in your contract for at least one month in 2017, including beneficiaries with Part A only or Part B only.
2. The PY 2017 Part C risk scores were calculated using two CMS-HCC risk adjustment models:
 - The 2017 CMS-HCC model used to calculate the risk scores used for 2017 and 2018 payment.
 - The 2019 CMS-HCC model, to be used in payment in 2019.
3. We are providing the following sets of 2017 risk scores (2016 dates of service):
 - 2017 CMS-HCC risk adjustment model: Risk scores calculated using diagnoses from the Risk Adjustment Processing System (RAPS) and FFS claims,
 - 2017 CMS-HCC risk adjustment model: Risk scores calculated using diagnoses from the Encounter Data System and FFS claims, and
 - 2019 CMS-HCC risk adjustment model: Risk scores calculated using diagnoses from the Encounter Data System (EDS), FFS claims, with RAPS inpatient diagnoses included as a supplement.
4. The relative factors for the 2019 CMS-HCC risk adjustment model are published in the 2019 *Rate Announcement*, published on April 2, 2018. The relative factors for the 2017 CMS-HCC risk adjustment model are published in the 2017 *Rate Announcement*, published on April 4, 2016. Rate Announcements can be found at:
<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html>.
5. The risk scores are not normalized and do not have an MA coding adjustment factor applied.
 - The 2019 CMS-HCC model has a 2015 denominator and the 2017 CMS-HCC model has a 2015 denominator. Instructions for how to appropriately incorporate the normalization factor and the MA coding adjustment factor will be included in the 2019 *Bid Instructions*. The PY 2019 Part C normalization factors are as follows:
 - 2017 CMS-HCC risk adjustment model: 1.041
 - 2019 CMS-HCC risk adjustment model: 1.038.
6. The PY 2017 risk scores provided are estimated risk scores.
 - 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 scores take into account (1) retroactive enrollment and disenrollment through January 2018, (2) long term institutional status through February

22, 2018, and (3) Medicaid status updates through January 2018.

7. 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.

8. 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.

9. In addition, the final scores will take into account any additional status changes that occur before the final risk score run (e.g., Medicaid, long term institutional, disability, ESRD).
10. Organizations should determine which risk scores apply for a month by determining the beneficiary’s status for that month, using the “Part C Beneficiary status field.”
11. For full risk community beneficiaries, estimated risk scores calculated using the 2017 CMS-HCC model and 2019 CMS-HCC model are based on monthly Medicaid status in the payment year. The data provided in the beneficiary-level file provides the Medicaid statuses to be used to select the appropriate risk score for a month for community beneficiaries (fields 38-49 in the layout). Given a beneficiary’s aged versus disabled status for 2017 (determined by their age as of February 1, 2017), we provide their three possible community risk scores for the year, reflecting either non-dual, full benefit (FB) dual, or partial benefit (PB) dual status. For each month in the payment year, a community beneficiary will have risk scores (an encounter data-based risk score and a RAPS-based risk score) selected among the three community statuses (i.e., non-dual, PB dual, and FB dual).
12. Chronic Condition SNPs (C-SNPs) – For 2019, all Medicare Advantage Organizations will receive beneficiary-level files that include C-SNP new enrollee scores. Organizations that do not operate C-SNPs can disregard the C-SNP new enrollee riskscores.

ESRD Risk Scores

13. In addition to providing risk scores for ESRD-SNPs, CMS is providing ESRD scores for all organizations that enrolled ESRD beneficiaries in 2017. Risk scores are being provided for ESRD-SNPs to support bidding for 2019. For non ESRD-SNPs CMS is providing risk scores for informational purposes. The layout for ESRD risk scores is provided below the CMS-HCC aged/disabled model layout.
14. The PY 2017 ESRD risk scores were calculated using two ESRD risk adjustment models:
 - The 2012 ESRD model used to calculate the risk scores used for 2017 and 2018 payment.
 - The 2019 ESRD model, to be used in payment in 2019.
15. We are providing the following sets of 2017 risk scores (2016 dates of service):
 - 2017 CMS-HCC risk adjustment model: Risk scores calculated using diagnoses from the Risk Adjustment Processing System (RAPS) and FFS claims,
 - 2017 CMS-HCC risk adjustment model: Risk scores calculated using diagnoses from the Encounter Data System and FFS claims, and
 - 2019 CMS-HCC risk adjustment model: Risk score calculated using diagnoses from the Risk Adjustment Processing System (RAPS) and FFS claims,
 - 2019 CMS-HCC risk adjustment model: Risk scores calculated using diagnoses from the Encounter Data System (EDS), FFS claims, with RAPS inpatient diagnoses included as a supplement.
16. The relative factors for the 2019 ESRD risk adjustment model are published in the 2019 *Rate Announcement*, published on April 2, 2018. The relative factors for the 2012 ESRD risk adjustment model are published in the 2012 *Rate Announcement*, published on April 4, 2011.
17. The risk scores are not normalized and do not have an MA coding adjustment factor applied.
 - The 2019 ESRD model has a 2015 denominator and the 2012 ESRD model has a 2007 denominator. The PY 2019 ESRD normalization factors are as follows:
 - 2019 ESRD Dialysis model: 1.033
 - 2019 ESRD Functioning Graft model: 1.048

File layout & data dictionary – Part C risk scores

Field #	Field Name	Len	Position	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 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.
38-49	Medicaid status	2 X 12	145-168	<p>Medicaid status for the month. Array of 12 monthly fields.</p> <p>Medicaid status codes are as follows:</p> <p>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 10 = Other full dual 99 = Medicaid, but unknown status Blank = Not a dual eligible</p>	<p>Medicaid status indicates status for each month in 2017. The information in this field is intended to assist plans in developing the cost sharing in their Part C bids.</p> <p>Notes:</p> <ul style="list-style-type: none"> For the community risk scores under the 2017 model and the 2019 model, full benefit status is assigned for a month if the beneficiary's dual status code is 02, 04, 08, or 10 ("Other full dual" status indicates that the beneficiary was Medicaid eligible per the Puerto Rico file or based on data from another Territory for the month). Partial benefit status is assigned for a month if the dual status code is 01, 03, 05 and 06.

Field #	Field Name	Len	Position	Description	Explanation
50	Part C community Non Dual risk score, 2017 CMS-HCC model, ED/FFS	7.4	169-175	Beneficiary's 2017 community Non Dual risk score, 2017 CMS-HCC model, ED/FFS based.	Model run with Phase 3.2 filtered Encounter data and FFS data.
51	Part C community Non Dual risk score, 2017 CMS-HCC model, RAPS/FFS	7.4	176-182	Beneficiary's 2017 community Non Dual risk score, 2017 CMS-HCC model, RAPS/FFS based.	Model run with RAPS data and FFS data.
52	Part C community Full Benefit Dual risk score, 2017 CMS-HCC model, ED/FFS	7.4	183-189	Beneficiary's 2017 community Full Benefit Dual risk score, 2017 CMS-HCC model, ED/FFS based.	Model run with Phase 3.2 filtered Encounter data and FFS data.
53	Part C community Full Benefit Dual risk score, 2017 CMS-HCC model, RAPS/FFS	7.4	190-196	Beneficiary's 2017 community Full Benefit Dual risk score, 2017 CMS-HCC model, RAPS/FFS based.	Model run with RAPS data and FFS data.
54	Part C community Partial Benefit Dual risk score, 2017 CMS-HCC model, ED/FFS	7.4	197-203	Beneficiary's 2017 community Partial Benefit Dual risk score, 2017 CMS-HCC model, ED/FFS based.	Model run with Phase 3.2 filtered Encounter data and FFS data.
55	Part C community Partial Benefit Dual risk score, 2017 CMS-HCC model, RAPS/FFS	7.4	204-210	Beneficiary's 2017 community Partial Benefit Dual risk score, 2017 CMS-HCC model, RAPS/FFS based.	Model run with RAPS data and FFS data.
56	Part C institutional risk score, 2017 CMS-HCC model, ED/FFS	7.4	211-217	Beneficiary's 2017 institutional risk score, 2017 CMS-HCC model, ED/FFS based.	Model run with Phase 3.2 filtered Encounter data and FFS data.
57	Part C institutional risk score, 2017 CMS-HCC model, RAPS/FFS	7.4	218-224	Beneficiary's 2017 institutional risk score, 2017 CMS-HCC model, RAPS/FFS based.	Model run with RAPS data and FFS data.
58	Part C new enrollee risk score, 2017 CMS-HCC model	7.4	225-231	Beneficiary's 2017 new enrollee risk score, 2017 CMS-HCC model.	

Field #	Field Name	Len	Position	Description	Explanation
59	Part C SNP new enrollee risk score, 2017 CMS-HCC model	7.4	232-238	Beneficiary's 2017 C-SNP new enrollee risk score, 2017 CMS-HCC model.	
60	Part C community Non Dual risk score, 2019 CMS-HCC model, ED/FFS/Inpatient RAPS	7.4	239-245	Beneficiary's 2019 community Non Dual risk score, 2019 CMS-HCC model, ED/FFS/Inpatient RAPS based.	Model run with Phase 3.2 filtered Encounter data, FFS data, and Inpatient RAPS data.
61	Part C community Full Benefit Dual risk score, 2019 CMS-HCC model, ED/FFS/Inpatient RAPS	7.4	246-252	Beneficiary's 2019 community Full Benefit Dual risk score, 2019 CMS-HCC model, ED/FFS/Inpatient RAPS based.	Model run with Phase 3.2 filtered Encounter data, FFS data, and Inpatient RAPS data.
62	Part C community Partial Benefit Dual risk score, 2019 CMS-HCC model, ED/FFS/Inpatient RAPS	7.4	253-259	Beneficiary's 2019 community Partial Benefit Dual risk score, 2019 CMS-HCC model, ED/FFS/Inpatient RAPS based.	Model run with Phase 3.2 filtered Encounter data, FFS data, and Inpatient RAPS data.
63	Part C institutional risk score, 2019 CMS-HCC model, ED/FFS/Inpatient RAPS	7.4	260-266	Beneficiary's 2019 institutional score, 2019 CMS-HCC model, ED/FFS/Inpatient RAPS based.	Model run with Phase 3.2 filtered Encounter data, FFS data, and Inpatient RAPS data.
64	Part C new enrollee risk score, 2019 CMS-HCC model	7.4	267-273	Beneficiary's 2019 new enrollee risk score, 2019 CMS-HCC model.	
65	Part C SNP new enrollee risk score, 2019 CMS-HCC model	7.4	274-280	Beneficiary's 2019 C-SNP new enrollee risk score, 2019 CMS-HCC model.	

Field #	Field Name	Len	Position	Description	Explanation
66-77	Part C Beneficiary status	1 X 12	281- 292	<p>Array of 12 monthly flags.</p> <p>Part C Beneficiary status codes are as follows:</p> <p>1 = ESRD 2 = Hospice 3 = New enrollee 4 = Institutional 5 = Community full-benefit dual 6 = Community partial-benefit dual 7 = Community non-dual</p>	Part C beneficiary status indicates which risk scores were 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.
78	Aged Status	1	293	<p>Beneficiary's Aged Status</p> <p>1=Aged 0=Disabled</p>	Age calculated as of February 1, 2017.

File layout & data dictionary – ESRD 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 and ESRD 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.
38	Part C kidney transplant first month risk score, 2012 CMS-HCC V21 ESRD model	7.4	145- 151	Beneficiary's 2017 kidney transplant first month risk score, 2012 CMS-HCC V21 ESRD model.	
39	Part C kidney transplant second and third month risk score, 2012 CMS-HCC V21 ESRD model	7.4	152- 158	Beneficiary's 2017 kidney transplant second and third month risk score, 2012 CMS-HCC V21 ESRD model.	
40	Part C new enrollee dialysis risk score, 2012 CMS-HCC V21 ESRD model	7.4	159- 165	Beneficiary's 2017 new enrollee dialysis risk score, 2012 CMS-HCC V21 ESRD model.	
41	Part C new enrollee post graft 4 to 9 month risk score, 2012 CMS-HCC V21 ESRD model	7.4	166- 172	Beneficiary's 2017 new enrollee post graft 4 to 9 months risk score, 2012 CMS-HCC V21 ESRD model.	
42	Part C new enrollee post graft 10 or more months risk score, 2012 CMS-HCC V21 ESRD model	7.4	173- 179	Beneficiary's 2017 new enrollee post graft 10 or more months risk score, 2012 CMS-HCC model V21 ESRD model.	
43	Part C dialysis risk score, 2012 CMS HCC V21	7.4	180- 186	Beneficiary's 2017 dialysis risk score, 2012 CMS HCC V21 ESRD model, ED/FFS based.	Model run with Phase 3.2 filtered Encounter data and FFS data for diagnosis inputs.

	ESRD model, ED/FFS				
44	Part C dialysis risk score, 2012 CMS HCC V21 ESRD model, RAPS/FFS	7.4	187-193	Beneficiary's 2017 dialysis risk score, 2012 CMS HCC V21 ESRD model, RAPS/FFS based.	Model run with RAPS data and FFS data for diagnosis inputs.
45	Part C institutional post graft 4 to 9 month risk score, 2012 CMS HCC V21 ESRD model, ED/FFS	7.4	194-200	Beneficiary's 2017 institutional post graft 4 to 9 month risk score, 2012 CMS HCC V21 ESRD model, ED/FFS based.	Model run with Phase 3.2 filtered Encounter data and FFS data for diagnosis inputs.
46	Part C institutional post graft 4 to 9 month risk score, 2012 CMS HCC V21 ESRD model, RAPS/FFS	7.4	201-207	Beneficiary's 2017 institutional post graft 4 to 9 month risk score, 2012 CMS HCC V21 ESRD model, RAPS/FFS based.	Model run with RAPS data and FFS data for diagnosis inputs.
47	Part C institutional post graft 10 or more months risk score, 2012 CMS HCC V21 ESRD model, ED/FFS	7.4	208-214	Beneficiary's 2017 institutional post graft 10 or more months risk score, 2012 CMS HCC V21 ESRD model, ED/FFS based.	Model run with Phase 3.2 filtered Encounter data and FFS data for diagnosis inputs.
48	Part C institutional post graft 10 or more months risk score, 2012 CMS HCC V21 ESRD model, RAPS/FFS	7.4	215-221	Beneficiary's 2017 institutional post graft 10 or more months risk score, 2012 CMS HCC V21 ESRD model, RAPS/FFS based.	Model run with RAPS data and FFS data for diagnosis inputs.
49	Part C community post graft 4 to 9 month risk score, 2012 CMS HCC V21 ESRD model, ED/FFS	7.4	222-228	Beneficiary's 2017 community post graft 4 to 9 month risk score, 2012 CMS HCC V21 ESRD model, ED/FFS based.	Model run with Phase 3.2 filtered Encounter data and FFS data for diagnosis inputs.
50	Part C community post graft 4 to 9 month risk score, 2012 CMS HCC V21 ESRD model, RAPS/FFS	7.4	229-235	Beneficiary's 2017 community post graft 4 to 9 month risk score, 2012 CMS HCC V21 ESRD model, RAPS/FFS based.	Model run with RAPS data and FFS data for diagnosis inputs.
51	Part C community post graft 10 or more months risk	7.4	236-242	Beneficiary's 2017 community post graft 10 or more months risk score, 2012 CMS HCC V21 ESRD model, ED/FFS based.	Model run with Phase 3.2 filtered Encounter data and FFS data for diagnosis inputs.

	score, 2012 CMS HCC V21 ESRD model, ED/FFS				
52	Part C community post graft 10 or more months risk score, 2012 CMS HCC V21 ESRD model, RAPS/FFS	7.4	243-249	Beneficiary's 2017 community post graft 10 or more months risk score, 2012 CMS HCC V21 ESRD model, RAPS/FFS based.	Model run with RAPS data and FFS data for diagnosis inputs.
53	Part C kidney transplant first month risk score, 2019 CMS HCC V21 ESRD model	7.4	250-256	Beneficiary's 2017 kidney transplant first month risk score, 2019 CMS HCC V21 ESRD model	
54	Part C kidney transplant second and third month risk score, 2019 CMS HCC V21 ESRD model	7.4	257-263	Beneficiary's 2017 kidney transplant second and third month risk score, 2019 CMS HCC V21 ESRD model	
55	Part C new enrollee dialysis risk score, 2019 CMS HCC V21 ESRD model	7.4	264-270	Beneficiary's 2017 new enrollee dialysis risk score, 2019 CMS HCC V21 ESRD model	
56	Part C new enrollee post graft 4 to 9 month risk score, 2019 CMS HCC V21 ESRD model	7.4	271-277	Beneficiary's 2017 new enrollee post graft 4 to 9 months risk score, 2019 CMS HCC V21 ESRD model	
57	Part C new enrollee post graft 10 or more months risk score, 2019 CMS HCC V21 ESRD model	7.4	278-284	Beneficiary's 2017 new enrollee post graft 10 or more months risk score, 2019 CMS HCC V21 ESRD model	
58	Part C dialysis risk score, 2019 CMS HCC V21 ESRD model, ED/FFS/Inpatient RAPS	7.4	285-291	Beneficiary's 2017 dialysis risk score, 2019 CMS HCC V21 ESRD 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 C dialysis risk score, 2019 CMS HCC V21 ESRD model, RAPS /FFS	7.4	292-298	Beneficiary's 2017 dialysis risk score, 2019 CMS HCC V21 ESRD model, RAPS/FFS based.	Model run with RAPS data and FFS data for diagnosis inputs.
60	Part C institutional post graft 4 to 9	7.4	299-305	Beneficiary's 2017 institutional post graft 4 to 9 month risk score, 2019 CMS HCC V21 ESRD	Model run with Phase 3.2 filtered Encounter data, FFS data, and

	month risk score, 2019 CMS HCC V21 ESRD model, ED/FFS/ Inpatient RAPS			model, ED/FFS Inpatient RAPS based.	Inpatient RAPS data for diagnosis inputs.
61	Part C institutional post graft 4 to 9 month risk score, 2019 CMS HCC V21 ESRD model, RAPS/FFS	7.4	306-312	Beneficiary's 2017 institutional post graft 4 to 9 month risk score, 2019 CMS HCC V21 ESRD model, RAPS/FFS based.	Model run with RAPS data and FFS data for diagnosis inputs.
62	Part C institutional post graft 10 or more months risk score, 2019 CMS HCC V21 ESRD model, ED/FFS/ Inpatient RAPS	7.4	313-319	Beneficiary's 2017 institutional post graft 10 or more months risk score, 2019 CMS HCC V21 ESRD model, ED/FFS Inpatient RAPS based.	Model run with Phase 3.2 filtered Encounter data, FFS data, and Inpatient RAPS data for diagnosis inputs.
63	Part C institutional post graft 10 or more months risk score, 2019 CMS HCC V21 ESRD model, RAPS/FFS	7.4	320-326	Beneficiary's 2017 institutional post graft 10 or more months risk score, 2019 CMS HCC V21 ESRD model, RAPS/FFS based.	Model run with RAPS data and FFS data for diagnosis inputs.
64	Part C community post graft 4 to 9 month risk score, 2019 CMS HCC V21 ESRD model, ED/FFS/ Inpatient RAPS	7.4	327-333	Beneficiary's 2017 community post graft 4 to 9 month risk score, 2019 CMS HCC V21 ESRD model, ED/FFS Inpatient RAPS based.	Model run with Phase 3.2 filtered Encounter data, FFS data, and Inpatient RAPS data for diagnosis inputs.
65	Part C community post graft 4 to 9 month risk score, 2019 CMS HCC V21 ESRD model, RAPS/FFS	7.4	334-340	Beneficiary's 2017 community post graft 4 to 9 month risk score, 2019 CMS HCC V21 ESRD model, RAPS/FFS based.	Model run with RAPS data and FFS data for diagnosis inputs.
66	Part C community post graft 10 or more months risk score, 2019 CMS HCC V21 ESRD model, ED/FFS/ Inpatient RAPS	7.4	341-347	Beneficiary's 2017 community post graft 10 or more months risk score, 2019 CMS HCC V21 ESRD model, ED/FFS Inpatient RAPS based.	Model run with Phase 3.2 filtered Encounter data, FFS data, and Inpatient RAPS data for diagnosis inputs.
67	Part C community post graft 10 or more	7.4	348-354	Beneficiary's 2017 community post graft 10 or more months risk score, 2019 CMS HCC V21	Model run with RAPS data and FFS data for diagnosis inputs.

	months risk score, 2019 CMS HCC V21 ESRD model, RAPS/FFS			ESRD model, RAPS/FFS based.	
68-79	Part C Beneficiary status	2 X 12	355-378	<p>Array of 12 monthly flags.</p> <p>Part C Beneficiary status codes are as follows:</p> <p>1 = Enrolled in a MA contract but not ESRD or Hospice</p> <p>2 = Hospice</p> <p>3 = Transplant kidney Only (Month 1)</p> <p>4 = Transplant kidney Only (Month 2 and 3)</p> <p>5 = New enrollee Dialysis</p> <p>6 = New enrollee post graft (4-9 months)</p> <p>7 = New enrollee post graft (10 or more months)</p> <p>8 = Dialysis</p> <p>9 = Institutional post graft (4-9 months)</p> <p>10 = Institutional post graft (10 or more months)</p> <p>11 = Community post graft (4-9 months)</p> <p>12 = Community Post graft (10 or more months)</p>	Part C beneficiary status indicates which risk scores were used in the respective month. Beneficiary status is coded in the hierarchy as listed here. Non-ESRD risk scores are not provided for those months when the beneficiary is not ESRD.
80	Aged Status	1	379	<p>Beneficiary's Aged Status</p> <p>1=Aged</p> <p>0=Disabled</p>	Age calculated as of February 1, 2017.