DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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**CMS/**
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**Date:** April 10, 2012

**To:** All Medicare Advantage Organizations

**From:** Cheri Rice, Director
Medicare Plan Payment Group

**Subject: Incoming File from CMS: beneficiary-level file to support 2013 Part C bids**

This evening, CMS will push out to all Medicare Advantage Organizations a beneficiary-level file that your actuaries will be using to develop 2013 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.PRTC2013.Dyymmdd.Thhmmsst.pn
C:D mainframe:          zzzzzzzz.Rxxxxx. PRTC2013.Dyymmdd.Thhmmsst
C:D non-mainframe:  [directory]Rxxxxx. PRTC2013.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 Andrew Keenan at Andrew.Keenan@cms.hhs.gov or (410) 786-4794, or Rebecca Paul at Rebecca.Paul@cms.hhs.gov or (410) 786-0852.

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 2011, including beneficiaries with Part A only or Part B only.

2. The risk scores are <u>not</u> normalized and do <u>not</u> 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 *2013 Bid Instructions.*  The 2013 Part C normalization factor is 1.028.

3. The estimated 2011 risk score takes into account retroactive (1) enrollment and disenrollment, (2) long term institutional status, and (3) Medicaid status that have occurred since the 2011 payments were initially made.  The diagnosis data used for the risk score estimates are from calendar year 2010 dates of service (i.e., the data collection period) based on: 1) plan diagnosis data submitted through January 31, 2012 and 2) Medicare FFS diagnosis data through January 2012.

4. Final 2011 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).

5. C-SNPs – For 2013, CMS will again 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; regular new enrollee scores were used.

6. The 2011 Part C risk scores were calculated using both the CMS-HCC risk adjustment model that was used in 2011 payment and the CMS-HCC risk adjustment model that will be used in 2013 payment.  The coefficients of the risk adjustment model used for 2011 are published in the 2009 *Rate Announcement*, published on April 7, 2008, and the coefficients of the risk adjustment model to be used for 2013 are published in the 2013 Rate Announcement, published on April 2, 2012.  Rate Announcements can be found at: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html.

## 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 2011 |
| 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.<br><br>Medicaid status codes are as follows:<br><br>01 = QMB-only<br>02 = Eligible is entitled to Medicare- QMB AND Medicaid coverage<br>03 = Eligible is entitled to Medicare- SLMB only<br>04 = Eligible is entitled to Medicare- SLMB AND Medicaid coverage<br>05 = Eligible is entitled to Medicare- QDWI<br>06 = Eligible is entitled to Medicare- Qualifying individuals<br>08 = Full benefit dual eligible (non-SLMB, non-QMB)<br>09 = Other dual eligible without full Medicaid benefits, e.g., Pharmacy Plus and 1115 drug-only demonstrations<br>99 = Medicaid, but unknown status<br>Blank = Not a dual eligible | Medicaid status indicates status for each month in 2011; 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. |
| 50 | Part C community risk score, 2013model | 7.4 | 169-175 | Beneficiary's 2011 community risk score, 2013HCC model. | |

| 51 | Part C institutional risk score, 2013model | 7.4 | 176-182 | Beneficiary's 2011 institutional risk score, 2013HCC model. | |
|---|---|---|---|---|---|
| 52 | Part C new enrollee risk score, 2013model | 7.4 | 183-189 | Beneficiary's 2011 new enrollee risk score, 2013HCC model. | |
| 53 | Part C SNP new enrollee risk score, 2013model | 7.4 | 190-196 | Beneficiary's 2011 C-SNP new enrollee risk score, 2013HCC model. | |
| 54 | Part C community risk score, 2011model | 7.4 | 197-203 | Beneficiary's 2011 community risk score, 2011HCC model. | |
| 55 | Part C institutional risk score, 2011model | 7.4 | 204-210 | Beneficiary's 2011 institutional risk score, 2011HCC model. | |
| 56 | Part C new enrollee risk score, 2011model | 7.4 | 211-217 | Beneficiary's 2011 new enrollee risk score, 2011HCC model. | |
| 57 | Part C SNP new enrollee risk score, 2011model | 7.4 | 218-224 | Beneficiary's 2011 C-SNP new enrollee risk score, 2011HCC model. | |
| 58-69 | Part C Beneficiary status | 1 X 12 | 225-236 | Array of 12monthly flags.<br><br>Part C Beneficiary status codes are as follows:<br><br>1 = ESRD<br>2 = Hospice<br>3 = New enrollee<br>4 = Institutional<br>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. |