

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



CENTER FOR MEDICARE

Date: April 11, 2012

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

From: Cheri Rice, Director
Medicare Plan Payment Group

**Subject: Incoming File from CMS: beneficiary-level file to support 2013 Part D bids
(REVISED)**

This evening, CMS will push out to all MA-PD plans, PACE organizations, and PDPs a beneficiary-level file that your actuaries will be using to develop 2013 Part D 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.PRTD2013.Dyymmdd.Thhmsst.pn
C:D mainframe: zzzzzzzz.Rxxxxx. PRTD2013.Dyymmdd.Thhmsst
C:D non-mainframe: [directory]Rxxxxx. PRTD2013.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 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 beneficiaries who were in your contract for at least one month in 2011.
2. The risk scores provided in this file are not normalized and your projected 2013 risk score will need to take into account the appropriate normalization factor, per the 2013 Bid Instructions. The 2013 Part D normalization factor is 1.034.
3. The estimated 2011 risk score takes into account retroactive (1) enrollment and disenrollment, (2) long term institutional status, and (3) low income 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., low income, long term institutional, disability, ESRD).
5. The 2011 Part D risk scores were calculated using both the RxHCC risk adjustment model that was used in 2011 payment and the RxHCC risk adjustment model that will be used in 2012 payment. The coefficients for the 2011 model are published in the 2011 *Rate Announcement*, published on April 5, 2010. The coefficients for the 2013 model are published in the 2013 *Rate Announcement*, published on April 2, 2012.

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 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 X	73-	Plan ID. Array of 12 monthly	PBP in which the beneficiary is

		12	108	fields.	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-LTI risk score, 2013model	7.4	145- 151	Beneficiary's 2011Part D new enrollee non-LI/non-LTI risk score, 2013RxHCC model.	
39	Part D new enrollee LI risk score, 2013model	7.4	152- 158	Beneficiary's 2011Part D new enrollee LI risk score, 2013RxHCC model.	
40	Part D new enrollee LTI risk score, 2013model	7.4	159- 165	Beneficiary's 2011Part D new enrollee LTI risk score, 2013RxHCC model.	
41	Part D institutional risk score, 2013model	7.4	166- 172	Beneficiary's 2011Part D full risk institutional risk score, 2013RxHCC model.	
42	Part D low income aged risk score, 2013model	7.4	173- 179	Beneficiary's 2011Part D full risk aged/LI risk score, 2013RxHCC model.	
43	Part D non-LI aged risk score, 2013model	7.4	180- 186	Beneficiary's 2011Part D full risk aged/non-LI risk score, 2013RxHCC model.	
44	Part D low income disabled risk score, 2013model	7.4	187- 193	Beneficiary's 2011Part D full risk disabled/LI risk score, 2013RxHCC model.	
45	Part D non-LI disabled risk score, 2013model	7.4	194- 200	Beneficiary's 2011Part D full risk disabled/non-LI risk score, 2013RxHCC model.	
46	Part D new enrollee non- LI/non-LTI risk score, 2011model	7.4	201- 207	Beneficiary's 2011Part D new enrollee non-LI/non-LTI risk score, 2011RxHCC model.	
47	Part D new enrollee LI risk score, 2011model	7.4	208- 214	Beneficiary's 2011Part D new enrollee LI risk score, 2011RxHCC model.	
48	Part D new enrollee LTI risk score, 2011model	7.4	215- 221	Beneficiary's 2011Part D new enrollee LTI risk score, 2011RxHCC model.	
49	Part D institutional risk score, 2011model	7.4	222- 228	Beneficiary's 2011Part D full risk institutional risk score, 2011RxHCC model.	

50	Part D low income aged risk score, 2011 model	7.4	229-235	Beneficiary's 2011 Part D full risk aged/LI risk score, 2011 RxHCC model.	
51	Part D non-LI aged risk score, 2011 model	7.4	236-242	Beneficiary's 2011 Part D full risk aged/non-LI risk score, 2011 RxHCC model.	
52	Part D low income disabled risk score, 2011 model	7.4	243-249	Beneficiary's 2011 Part D full risk disabled/LI risk score, 2011 RxHCC model.	
53	Part D non-LI disabled risk score, 2011 model	7.4	250-256	Beneficiary's 2011 Part D full risk disabled/non-LI risk score, 2011 RxHCC model.	
54-65	Part D – Beneficiary status	1 X 12	257-268	<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>	
66-77	Part D – ESRD status	1 X 12	269-280	<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.