

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



**CENTER FOR MEDICARE**

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**DATE:** April 15, 2022  
**TO:** All MA-PD plans, 1876 Cost Plans, PACE organizations, and PDPs  
**FROM:** Jennifer R. Shapiro, Director, Medicare Plan Payment Group  
**SUBJECT:** Incoming File from CMS: Beneficiary-level file to support 2023 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 2023 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.PTD2023.Dyymmdd.Thhmsst.pn  
C:D mainframe: *zzzzzzz*.Rxxxxx.PTD2023.Dyymmdd.Thhmsst  
C:D non-mainframe: [directory]P.Rxxxxx.PTD2023.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

If you have any questions regarding the retrieval of this file, please contact the MAPD Help Desk via email at [MAPDHELP@cms.hhs.gov](mailto: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 Policy mailbox at [RiskAdjustmentPolicy@cms.hhs.gov](mailto:RiskAdjustmentPolicy@cms.hhs.gov) and specify "Payment Year 2023 Risk Scores for Bidding" in the subject line.

Below is the file layout with technical notes.

## Technical Notes –

Please note the following:

1. The file includes beneficiaries who were in your contract for at least one month in 2021.
2. The payment year (PY) 2021 Part D risk scores were calculated using both the 2020 RxHCC risk adjustment model that was used for 2021 payment and the 2023 RxHCC risk adjustment model that will be used for 2023 payment.
3. The relative factors for the 2020 RxHCC model are available in the *Announcement of Calendar Year (CY) 2020 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter (CY 2020 Rate Announcement)*, published on April 1, 2019. The relative factors for the 2023 RxHCC model are available in the *Announcement of Calendar Year (CY) 2023 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (CY 2023 Rate Announcement)*, published on April 4, 2022. Rate Announcements can be found [here](#).
4. We are providing the following sets of PY 2021 risk scores (2020 dates of service):

### For non-PACE organizations

- 2020 RxHCC risk adjustment model: Risk scores calculated using diagnoses from the Risk Adjustment Processing System (RAPS) and specialty filtered FFS claims.
- 2020 RxHCC risk adjustment model: Risk scores calculated using diagnoses from the Encounter Data System (EDS) and specialty filtered FFS claims, with RAPS inpatient diagnoses included as a supplement.
- 2023 RxHCC risk adjustment model: Risk scores calculated using diagnoses from the EDS and HCPCS filtered FFS claims.

Part D risk score file layouts are provided at the end of this memo.

### For PACE organizations

- 2020 RxHCC risk adjustment model: Risk scores were calculated by pooling risk adjustment-eligible diagnoses from RAPS, EDS, and specialty filtered FFS claims, which is consistent with the way CMS calculates risk scores for payment for these organizations.

A separate Part D risk score file layout for PACE organizations is included below the Part D layouts for non-PACE organizations.

5. The risk scores provided in this file are not normalized. The 2020 RxHCC model has a 2015 denominator and the 2023 RxHCC model has a 2019 denominator. Your projected 2023 risk score will need to take into account the appropriate normalization factor, per the *2023 Bid Pricing Tool Instructions*. The 2023 RxHCC model normalization factor for PY 2023 is 1.050. The 2020 RxHCC model normalization factor for PY 2023 is 1.073.

6. The PY 2021 risk scores provided are estimated risk scores.
  - The diagnosis data used for the risk score estimates are from calendar year 2020 dates of service (i.e., the data collection period) based on: 1) plan diagnosis data submitted to EDS and RAPS through January 31, 2022, and 2) Medicare FFS diagnosis data through January 31, 2022.
  - The estimated PY 2021 risk scores take into account retroactive adjustments for (1) enrollment and disenrollment through January 2022, (2) long term institutional (LTI) status through February 14, 2022, and (3) changes in low income status that have occurred since the prospective 2021 payments were made.
7. For the interim final PY 2021 **RAPS-based risk scores**, CMS used the January 31, 2022 cutoff for diagnoses from RAPS for the 2020 RxHCC model scores. Final PY 2021 risk scores will include a longer runout of plan-reported RAPS and FFS diagnoses. In the September 18, 2020 HPMS memo “Deadline for Submitting Risk Score Data for Use in Risk Score Calculation Runs for Payment Years 2020, 2021, and 2022,” CMS provided information about the extension of the encounter data, FFS diagnoses, and RAPS submission deadline for 2021 (2020 dates of service) until August 1, 2022.

In order to provide risk scores to support bidding, CMS used the January 31, 2022 cutoff for diagnoses from RAPS. We note that, for bidding, organizations will need to adjust the 2021 (base year) CMS-provided RAPS-based risk scores for the runout in diagnoses submitted on RAPS records beyond the January 31st cutoff used for these risk scores.

8. For the interim final PY 2021 **encounter data-based risk scores**, CMS used the January 31, 2022 cutoff for diagnoses from the EDS for the 2023 RxHCC model scores and for diagnoses from the EDS and RAPS inpatient records (provider types 01 and 02) for the 2020 RxHCC model scores. Final PY 2021 risk scores will include a longer runout of encounter data and FFS diagnoses (and RAPS inpatient for the base year risk scores). In the September 18, 2020 HPMS memo “Deadline for Submitting Risk Score Data for Use in Risk Score Calculation Runs for Payment Years 2020, 2021, and 2022,” CMS provided information about the extension of the encounter data, FFS diagnoses, and RAPS submission deadline for PY 2021 (2020 dates of service) until August 1, 2022.

We note that, for bidding, organizations will need to adjust the 2021 (base year) CMS-provided encounter data-based risk scores for the runout in diagnoses submitted on encounter data and chart review records, as well as on RAPS inpatient records, beyond the January 31st cutoff used for these risk scores.

9. In addition, the final 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).

**File layout & data dictionary – Part D risk scores**

Field #	Field Name	Len	Pos	Description	Explanation
1	MBI	11	1-11	Beneficiary ID	A beneficiary is on the file as long as they were in the Part D contract for at least one month in 2021.
2-13	Contract ID	5 X 12	12- 71	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	72- 107	Plan ID. Array of 12 monthly fields.	PBP in which the beneficiary is enrolled for the month.
26-37	Segment ID	3 X 12	108- 143	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 (2020) model	7.4	144- 150	Beneficiary's 2021 Part D new enrollee non-LI/non-ESRD risk score, V05 (2020) RxHCC model.	
39	Part D new enrollee LI/non-ESRD risk score, V05 (2020) model	7.4	151- 157	Beneficiary's 2021 Part D new enrollee LI/non-ESRD risk score, V05 (2020) RxHCC model.	
40	Part D new enrollee LTI/non-ESRD risk score, V05 (2020) model	7.4	158- 164	Beneficiary's 2021 Part D new enrollee LTI/non-ESRD risk score, V05 (2020) RxHCC model.	
41	Part D new enrollee non-LI/ESRD risk	7.4	165- 171	Beneficiary's 2021 Part D new enrollee non-	

Field #	Field Name	Len	Pos	Description	Explanation
	score, V05 (2020) model			LI/ESRD risk score, V05 (2020) RxHCC model.	
42	Part D new enrollee LI/ESRD risk score, V05 (2020) model	7.4	172-178	Beneficiary's 2021 Part D new enrollee LI/ESRD risk score, V05 (2020) RxHCC model.	
43	Part D new enrollee LTI/ESRD risk score, V05 (2020) model	7.4	179-185	Beneficiary's 2021 Part D new enrollee LTI/ESRD risk score, V05 (2020) RxHCC model.	
44	Part D LTI risk score, V05 (2020) model, ED/specialty filtered FFS/ Inpatient RAPS	7.4	186-192	Beneficiary's 2021 Part D full risk LTI risk score, V05 (2020) RxHCC model, ED/specialty filtered FFS/Inpatient RAPS based.	Model run with Encounter data, specialty filtered FFS data, and Inpatient RAPS data.
45	Part D LTI risk score, V05 (2020) model, RAPS/specialty filtered FFS	7.4	193-199	Beneficiary's 2021 Part D full risk LTI risk score, V05 (2020) RxHCC model, RAPS/specialty filtered FFS based.	Model run with RAPS data and specialty filtered FFS data.
46	Part D LI risk score, V05 (2020) model, ED/specialty filtered FFS/ Inpatient RAPS	7.4	200-206	Beneficiary's 2021 Part D full risk LI risk score, V05 (2020) RxHCC model, ED/specialty filtered FFS/Inpatient RAPS based.	Model run with Encounter data, specialty filtered FFS data, and Inpatient RAPS data.
47	Part D LI risk score, V05 (2020) model, RAPS/specialty filtered FFS	7.4	207-213	Beneficiary's 2021 Part D full risk LI risk score, V05 (2020) RxHCC model, RAPS/specialty filtered FFS based.	Model run with RAPS data and specialty filtered FFS data.
48	Part D non-LI risk score, V05 (2020) model, ED/specialty filtered FFS/ Inpatient RAPS	7.4	214-220	Beneficiary's 2021 Part D full risk non-LI risk score, V05 (2020) RxHCC model, ED/specialty filtered FFS/Inpatient RAPS based.	Model run with Encounter data, specialty filtered FFS data, and Inpatient RAPS data.
49	Part D non-LI risk score, V05 (2020) model,	7.4	221-227	Beneficiary's 2021 Part D full risk non-LI risk score, V05 (2020) RxHCC	Model run with RAPS data and specialty filtered FFS data.

Field #	Field Name	Len	Pos	Description	Explanation
	RAPS/specialty filtered FFS			model, RAPS/specialty filtered FFS based.	
50	Part D new enrollee non-LI/non-ESRD risk score, V08 (2023) model	7.4	228-234	Beneficiary's 2021 Part D new enrollee non-LI/non-ESRD risk score, V08 (2023) RxHCC model.	
51	Part D new enrollee LI/non-ESRD risk score, V08 (2023) model	7.4	235-241	Beneficiary's 2021 Part D new enrollee LI/non-ESRD risk score, V08 (2023) RxHCC model.	
52	Part D new enrollee LTI/non-ESRD risk score, V08 (2023) model	7.4	242-248	Beneficiary's 2021 Part D new enrollee LTI/non-ESRD risk score, V08 (2023) RxHCC model.	
53	Part D new enrollee non-LI/ESRD risk score, V08 (2023) model	7.4	249-255	Beneficiary's 2021 Part D new enrollee non-LI/ESRD risk score, V08 (2023) RxHCC model.	
54	Part D new enrollee LI/ESRD risk score, V08 (2023) model	7.4	256-262	Beneficiary's 2021 Part D new enrollee LI/ESRD risk score, V08 (2023) RxHCC model.	
55	Part D new enrollee LTI/ESRD risk score, V08 (2023) model	7.4	263-269	Beneficiary's 2021 Part D new enrollee LTI/ESRD risk score, V08 (2023) RxHCC model.	
56	Part D LTI risk score, V08 (2023) model, ED/HCPSC filtered FFS	7.4	270-276	Beneficiary's 2021 Part D full risk LTI risk score, V08 (2023) RxHCC model, ED/HCPSC filtered FFS based.	Model run with Encounter data, HCPSC filtered FFS data.
57	Part D LI risk score, V08 (2023) model, ED/HCPSC filtered FFS	7.4	277-283	Beneficiary's 2021 Part D full risk LI risk score, V08 (2023) RxHCC model, ED/HCPSC filtered FFS based.	Model run with Encounter data, HCPSC filtered FFS data.

Field #	Field Name	Len	Pos	Description	Explanation
58	Part D non-LI risk score, V08 (2023) model, ED/HCCPCS filtered FFS	7.4	284-290	Beneficiary's 2021 Part D full risk non-LI risk score, V08 (2023) RxHCC model, ED/HCCPCS filtered FFS based.	Model run with Encounter data, HCCPCS filtered FFS data.
59-70	Part D – Beneficiary status	1 X 12	291-302	<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>	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.
71-82	Part D – ESRD status	1 X 12	303-314	<p>Array of 12 monthly flags.</p> <p>Part D ESRD status codes are as follows:</p> <p>1 = Not ESRD  2 = ESRD</p>	
83	Aged Status	1	315	<p>Beneficiary's Aged Status</p> <p>1=Aged  0=Disabled</p>	Age calculated as of February 1, 2021.

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

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1	MBI	11	1-11	Beneficiary ID	A beneficiary is on the file as long as they were in the Part D contract for at least one month in 2021.
2-13	Contract ID	5 X 12	12- 71	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	72- 107	Plan ID. Array of 12 monthly fields.	PBP in which the beneficiary is enrolled for the month.
26-37	Segment ID	3 X 12	108- 143	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 (2020) RxHCC model	7.4	144- 150	Beneficiary's 2021 Part D new enrollee non-LI/non-ESRD risk score, V05 (2020) RxHCC model.	
39	Part D new enrollee LI/non-ESRD risk score, V05 (2020) RxHCC model	7.4	151- 157	Beneficiary's 2021 Part D new enrollee LI/non-ESRD risk score, V05 (2020) RxHCC model.	

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40	Part D new enrollee LTI/ non-ESRD risk score, V05 (2020) RxHCC model	7.4	158-164	Beneficiary's 2021 Part D new enrollee LTI/non-ESRD risk score, V05 (2020) RxHCC model.	
41	Part D new enrollee non-LI/ESRD risk score, V05 (2020) RxHCC model	7.4	165-171	Beneficiary's 2021 Part D new enrollee non-LI/ESRD risk score, V05 (2020) RxHCC model.	
42	Part D new enrollee LI/ESRD risk score, V05 (2020) RxHCC model	7.4	172-178	Beneficiary's 2021 Part D new enrollee LI/ESRD risk score, V05 (2020) RxHCC model.	
43	Part D new enrollee LTI/ ESRD risk score, V05 (2020) RxHCC model	7.4	179-185	Beneficiary's 2021 Part D new enrollee LTI/ESRD risk score, V05 (2020) RxHCC model.	
44	Part D LTI risk score, V05 (2020) RxHCC model	7.4	186-192	Beneficiary's 2021 Part D full risk LTI risk score, V05 (2020) RxHCC model.	Model run with Encounter data, RAPS data, and specialty filtered FFS data.
45	Part D LI risk score, V05 (2020) RxHCC model	7.4	193-199	Beneficiary's 2021 Part D full risk LI risk score, V05 (2020) RxHCC model.	Model run with Encounter data, RAPS data, and specialty filtered FFS data.

Field #	Field Name	Len	Pos	Description	Explanation
46	Part D non-LI risk score, V05 (2020) RxHCC model	7.4	200-206	Beneficiary's 2021 Part D full risk non-LI risk score, V05 (2020) RxHCC model.	Model run with Encounter data, RAPS data, and specialty filtered FFS data.
47-58	Part D – Beneficiary status	1 X 12	207-218	<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>	
59-70	Part D – ESRD status	1 X 12	219-230	<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.
71	Aged Status	1	231	<p>Beneficiary's Aged Status</p> <p>1=Aged  0=Disabled</p>	Age calculated as of February 1, 2021.