

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



CENTER FOR MEDICARE

DATE: April 12, 2021
TO: All Medicare Advantage Organizations and Section 1876 Cost Contractors
FROM: Rebecca R. Paul, Deputy Director, Medicare Plan Payment Group
SUBJECT: Incoming Files from CMS: Beneficiary-level file to support 2022 Part C bids & ESRD Risk Scores

CMS has pushed out to all Medicare Advantage organizations and 1876 Cost Contractors a beneficiary level file that your actuaries will be using to develop 2022 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. In addition, we are sending to all MA organizations and 1876 Cost Contractors that enrolled ESRD beneficiaries in 2020 a second beneficiary-level file with the ESRD risk scores of these enrollees.

The file names will be constructed as follows:

Part C file name:

GENTRAN: P.Rxxxxx.PTC2022.Dyymmdd.Thhmsst.pn
C:D mainframe: zzzzzzzz.Rxxxxx.PTC2022.Dyymmdd.Thhmsst
C:D non-mainframe: [directory]P.Rxxxxx.PTC2022.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.ESR2022.Dyymmdd.Thhmsst.pn
C:D mainframe: zzzzzzzz.Rxxxxx.ESR2022.Dyymmdd.Thhmsst
C:D non-mainframe: [directory]P.Rxxxxx.ESR2022.Dyymmdd.Thhmsst

KEY

xxxxx = 5 character plan contract # yymmdd = two digit year, month, day
hhmmsst = 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 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 and specify “Payment Year 2022 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 all beneficiaries who were enrolled in your contract for at least one month in 2020, including beneficiaries with Part A only or Part B only.
2. The PY 2020 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 through 2021 payment.
 - The 2020 CMS-HCC model, used to calculate the risk scores used for 2020 through 2022 payment.
3. We are providing the following sets of PY 2020 risk scores (2019 dates of service):
 - 2017 CMS-HCC risk adjustment model: Risk scores calculated using diagnoses from the Risk Adjustment Processing System (RAPS) and specialty filtered FFS claims,
 - 2020 CMS-HCC 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, and
 - 2020 CMS-HCC risk adjustment model: Risk scores calculated using diagnoses from the EDS and HCPCS filtered FFS claims.
4. The relative factors for the 2017 CMS-HCC risk adjustment model are published in the *2017 Rate Announcement*, published on April 4, 2016. The relative factors for the 2020 CMS-HCC risk adjustment model are published in the *2020 Rate Announcement*, published on April 1, 2019. 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.
 - Both the 2017 CMS-HCC model and 2020 CMS-HCC model have a 2015 denominator. Instructions for how to appropriately incorporate the normalization factor and the MA coding adjustment factor will be included in the *2022 Bid Pricing Tool Instructions*. The PY 2022 Part C normalization factors are as follows:
 - 2017 CMS-HCC risk adjustment model: 1.128
 - 2020 CMS-HCC risk adjustment model: 1.118

6. The PY 2020 risk scores provided are estimated risk scores.
 - The diagnosis data used for the risk score estimates are from calendar year 2019 dates of service (i.e., the data collection period) based on: 1) plan diagnosis data submitted to EDS and RAPS through February 1, 2021, and 2) Medicare FFS diagnosis data through February 1, 2021.
 - The estimated PY 2020 risk scores take into account (1) retroactive enrollment and disenrollment through January 2021, (2) long term institutional (LTI) status through February 12, 2021, and (3) Medicaid status updates through January 2021.
7. For the interim final PY 2020 **RAPS-based risk scores**, CMS used the February 1, 2021 cutoff for diagnoses from RAPS for the 2017 model scores. Final PY 2020 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 and RAPS submission deadline for PY 2020 (dates of service 2019) until August 2, 2021.

In order to provide risk scores to support bidding, CMS used the February 1, 2021 cutoff for diagnoses from RAPS. We note that, for bidding, organizations will need to adjust the 2020 (base year) CMS-provided RAPS-based risk scores for the runout in diagnoses submitted on RAPS records beyond the February 1st cutoff used for these risk scores.

8. For the interim final PY 2020 **encounter data-based risk scores**, CMS used the February 1, 2021 cutoff for diagnoses from the EDS and diagnoses from RAPS inpatient records (provider types 01 and 02) for the 2020 CMS-HCC model scores. Final PY 2020 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 and RAPS submission deadline for PY 2020 (2019 dates of service) until August 2, 2021.

We note that, for bidding, organizations will need to adjust the 2020 (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 February 1st 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., Medicaid, LTI, 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" (fields 66-77 in the layout).

11. For full risk community beneficiaries, estimated risk scores calculated using the 2017 CMS-HCC model and 2020 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 that plans can use 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 2020 (determined by their age as of February 1, 2020), 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/specialty FFS-based risk score, encounter data/HCPSC FFS-based risk score, and a RAPS/specialty FFS-based risk score) selected among the three community statuses (i.e., non-dual, PB dual, and FB dual).
12. Chronic Condition SNPs (C-SNPs) – 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 risk scores.

ESRD Risk Scores

13. CMS is providing ESRD scores for all organizations that enrolled ESRD beneficiaries in 2020. Risk scores are being provided for ESRD-SNPs to support bidding for 2022. 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 2020 ESRD risk scores (2019 dates of service) were calculated using the following ESRD risk adjustment models:
 - The 2019 ESRD model used to calculate the risk scores used for payment in 2019 through 2021.
 - The 2020 ESRD model used to calculate the risk scores used for payment in 2020 through 2022.
15. We are providing the following sets of PY 2020 risk scores (2019 dates of service):
 - 2019 ESRD risk adjustment model: Risk score calculated using diagnoses from the Risk Adjustment Processing System (RAPS) and specialty filtered FFS claims,
 - 2020 ESRD risk adjustment model: Risk scores calculated using diagnoses from the EDS and specialty filtered FFS claims, with RAPS inpatient diagnoses included as a supplement, and
 - 2020 ESRD risk adjustment model: Risk scores calculated using diagnoses from

the EDS and HCPCS filtered FFS claims.

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 2020 ESRD risk adjustment model are published in the *2020 Rate Announcement*, published on April 1, 2019.
 17. The risk scores are not normalized and do not have an MA coding adjustment factor applied.
- The 2019 and 2020 ESRD models have a 2015 denominator. The PY 2022 ESRD normalization factors are as follows:

- 2022 normalization factor for ESRD Dialysis models: 1.077
- 2022 normalization factor for ESRD Functioning Graft models: 1.126

File layout & data dictionary – Part C risk scores

Field #	Field Name	Len	Position	Description	Explanation
1	MBI	11	1-11	Beneficiary ID	A beneficiary is on the file as long as they were in the Part C contract for at least one month in 2020.
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.

Field #	Field Name	Len	Position	Description	Explanation
38-49	Medicaid status	2 X 12	144-167	<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 2020. 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 2020 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.
50	Part C community Non Dual risk score, 2017 CMS-HCC model, RAPS/specialty filtered FFS	7.4	168-174	Beneficiary's 2020 community Non Dual risk score, 2017 CMS-HCC model, RAPS/specialty filtered FFS based.	Model run with RAPS data and specialty filtered FFS data.

Field #	Field Name	Len	Position	Description	Explanation
51	Part C community Full Benefit Dual risk score, 2017 CMS-HCC model, RAPS/specialty filtered FFS	7.4	175-181	Beneficiary's 2020 community Full Benefit Dual risk score, 2017 CMS-HCC model, RAPS/specialty filtered FFS based.	Model run with RAPS data and specialty filtered FFS data.
52	Part C community Partial Benefit Dual risk score, 2017 CMS-HCC model, RAPS/specialty filtered FFS	7.4	182-188	Beneficiary's 2020 community Partial Benefit Dual risk score, 2017 CMS-HCC model, RAPS/specialty filtered FFS based.	Model run with RAPS data and specialty filtered FFS data.
53	Part C institutional risk score, 2017 CMS-HCC model, RAPS/specialty filtered FFS	7.4	189-195	Beneficiary's 2020 institutional risk score, 2017 CMS-HCC model, RAPS/specialty filtered FFS based.	Model run with RAPS data and specialty filtered FFS data.
54	Part C new enrollee risk score, 2017 CMS-HCC model	7.4	196-202	Beneficiary's 2020 new enrollee risk score, 2017 CMS-HCC model.	
55	Part C SNP new enrollee risk score, 2017 CMS-HCC model	7.4	203-209	Beneficiary's 2020 C-SNP new enrollee risk score, 2017 CMS-HCC model.	
56	Part C community Non Dual risk score, 2020 CMS-HCC model, ED/HCPSC filtered FFS	7.4	210-216	Beneficiary's 2020 community Non Dual risk score, 2020 CMS-HCC model, ED/HCPSC filtered FFS based.	Model run with Encounter data and HCPSC filtered FFS data.

Field #	Field Name	Len	Position	Description	Explanation
57	Part C community Non Dual risk score, 2020 CMS-HCC model, ED/specialty filtered FFS/Inpatient RAPS		217-223	Beneficiary's 2020 community Non Dual risk score, 2020 CMS-HCC model, ED/specialty filtered FFS/Inpatient RAPS based.	Model run with Encounter data, specialty filtered FFS data, and Inpatient RAPS data.
58	Part C community Full Benefit Dual risk score, 2020 CMS-HCC model, ED/HCPSC filtered FFS	7.4	224-230	Beneficiary's 2020 community Full Benefit Dual risk score, 2020 CMS-HCC model, ED/HCPSC filtered FFS based.	Model run with Encounter data and HCPSC filtered FFS data.
59	Part C community Full Benefit Dual risk score, 2020 CMS-HCC model, ED/specialty filtered FFS/Inpatient RAPS	7.4	231-237	Beneficiary's 2020 community Full Benefit Dual risk score, 2020 CMS-HCC model, ED/specialty filtered FFS/Inpatient RAPS based.	Model run with Encounter data, specialty filtered FFS data, and Inpatient RAPS data.
60	Part C community Partial Benefit Dual risk score, 2020 CMS-HCC model, ED/HCPSC filtered FFS	7.4	238-244	Beneficiary's 2020 community Partial Benefit Dual risk score, 2020 CMS-HCC model, ED/HCPSC filtered FFS based.	Model run with Encounter data and HCPSC filtered FFS data.

Field #	Field Name	Len	Position	Description	Explanation
61	Part C community Partial Benefit Dual risk score, 2020 CMS-HCC model, ED/specialty filtered FFS/Inpatient RAPS	7.4	245-251	Beneficiary's 2020 community Partial Benefit Dual risk score, 2020 CMS-HCC model, ED/specialty filtered FFS/Inpatient RAPS based.	Model run with Encounter data, specialty filtered FFS data, and Inpatient RAPS data.
62	Part C institutional risk score, 2020 CMS-HCC model, ED/HCCPCS filtered FFS	7.4	252-258	Beneficiary's 2020 institutional score, 2020 CMS-HCC model, ED/HCCPCS filtered FFS based.	Model run with Encounter data and HCCPCS filtered FFS data.
63	Part C institutional risk score, 2020 CMS-HCC model, ED/specialty filtered FFS/Inpatient RAPS	7.4	259-265	Beneficiary's 2020 institutional score, 2020 CMS-HCC model, ED/specialty filtered FFS/Inpatient RAPS based.	Model run with Encounter data, specialty filtered FFS data, and Inpatient RAPS data.
64	Part C new enrollee risk score, 2020 CMS-HCC model	7.4	266-272	Beneficiary's 2020 new enrollee risk score, 2020 CMS-HCC model.	
65	Part C SNP new enrollee risk score, 2020 CMS-HCC model	7.4	273-279	Beneficiary's 2020 C-SNP new enrollee risk score, 2020 CMS-HCC model.	

Field #	Field Name	Len	Position	Description	Explanation
66-77	Part C Beneficiary status	1 X 12	280-291	<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>	<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. Hospice status is based on the 1st of the month.</p>
78	Aged Status	1	292	<p>Beneficiary's Aged Status</p> <p>1=Aged 0=Disabled</p>	<p>Age calculated as of February 1, 2020.</p>

File layout & data dictionary – ESRD 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 C contract and ESRD for at least one month in 2020.
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.
38	Part C kidney transplant first month risk score, 2019 CMS-HCC V21 ESRD model	7.4	144-150	Beneficiary's 2020 kidney transplant first month risk score, 2019 CMS-HCC V21 ESRD model.	
39	Part C kidney transplant second and third month risk score, 2019 CMS-HCC V21 ESRD model	7.4	151-157	Beneficiary's 2020 kidney transplant second and third month risk score, 2019 CMS-HCC V21 ESRD model.	

Field #	Field Name	Len	Pos	Description	Explanation
40	Part C new enrollee dialysis risk score, 2019 CMS-HCC V21 ESRD model	7.4	158-164	Beneficiary's 2020 new enrollee dialysis risk score, 2019 CMS-HCC V21 ESRD model.	
41	Part C new enrollee post graft 4 to 9 month risk score, 2019 CMS-HCC V21 ESRD model	7.4	165-171	Beneficiary's 2020 new enrollee post graft 4 to 9 months risk score, 2019 CMS-HCC V21 ESRD model.	
42	Part C new enrollee post graft 10 or more months risk score, 2019 CMS-HCC V21 ESRD model	7.4	172-178	Beneficiary's 2020 new enrollee post graft 10 or more months risk score, 2019 CMS-HCC V21 model ESRD model.	
43	Part C dialysis risk score, 2019 CMS-HCC V21 ESRD model, RAPS/specialty filtered FFS	7.4	179-185	Beneficiary's 2020 dialysis risk score, 2019 CMS-HCC V21 ESRD model, RAPS/specialty filtered FFS based.	Model run with RAPS data and specialty filtered FFS data.
44	Part C institutional post graft 4 to 9 month risk score, 2019 CMS-HCC V21 ESRD model, RAPS/specialty filtered FFS	7.4	186-192	Beneficiary's 2020 institutional post graft 4 to 9 month risk score, 2019 CMS-HCC V21 ESRD model, RAPS/specialty filtered FFS based.	Model run with RAPS data and specialty filtered FFS data.
45	Part C institutional post graft 10 or	7.4	193-199	Beneficiary's 2020 institutional post graft 10 or more months risk	Model run with RAPS data and specialty filtered FFS data.

Field #	Field Name	Len	Pos	Description	Explanation
	more months risk score, 2019 CMS-HCC V21 ESRD model, RAPS/specialty filtered FFS			score, 2019 CMS-HCC V21 ESRD model, RAPS/specialty filtered FFS based.	
46	Part C community post graft 4 to 9 month risk score, 2019 CMS-HCC V21 ESRD model, RAPS/specialty filtered FFS	7.4	200-206	Beneficiary's 2020 community post graft 4 to 9 month risk score, 2019 CMS-HCC V21 ESRD model, RAPS/specialty filtered FFS based.	Model run with RAPS data and specialty filtered FFS data.
47	Part C community post graft 10 or more months risk score, 2019 CMS-HCC V21 ESRD model, RAPS/specialty filtered FFS	7.4	207-213	Beneficiary's 2020 community post graft 10 or more months risk score, 2019 CMS-HCC V21 ESRD model, RAPS/specialty filtered FFS based.	Model run with RAPS data and specialty filtered FFS data.
48	Part C kidney transplant first month risk score, 2020 CMS-HCC ESRD model	7.4	214-220	Beneficiary's 2020 kidney transplant first month risk score, 2020 CMS-HCC ESRD model	
49	Part C kidney transplant second and third month risk score, 2020 CMS-HCC ESRD model	7.4	221-227	Beneficiary's 2020 kidney transplant second and third month risk score, 2020 CMS-HCC ESRD model	
50	Part C new enrollee	7.4	228-234	Beneficiary's 2020 new enrollee dialysis risk	

Field #	Field Name	Len	Pos	Description	Explanation
	dialysis risk score, 2020 CMS-HCC ESRD model			score, 2020 CMS-HCC ESRD model	
	Part C new enrollee post graft 4 to 9 month risk score, 2020 CMS-HCC ESRD model	7.4	235-241	Beneficiary's 2020 new enrollee post graft 4 to 9 months risk score, 2020 CMS-HCC ESRD model	
	Part C new enrollee post graft 10 or more months risk score, 2020 CMS-HCC ESRD model	7.4	242-248	Beneficiary's 2020 new enrollee post graft 10 or more months risk score, 2020 CMS-HCC ESRD model	
	Part C dialysis risk score, 2020 CMS-HCC ESRD model, ED/HCPCS filtered FFS	7.4	249-255	Beneficiary's 2020 dialysis risk score, 2020 CMS-HCC ESRD model, ED/HCPCS filtered FFS based.	Model run with Encounter data, HCPCS filtered FFS data.
	Part C dialysis risk score, 2020 CMS-HCC ESRD model, ED/specialty filtered FFS/Inpatient RAPS	7.4	256-262	Beneficiary's 2020 dialysis risk score, 2020 CMS-HCC ESRD model, ED/specialty filtered FFS/Inpatient RAPS based	Model run with Encounter data, specialty filtered FFS data, and Inpatient RAPS data.
	Part C institutional post graft 4 to 9 month risk score, 2020 CMS-HCC ESRD model,	7.4	263-269	Beneficiary's 2020 institutional post graft 4 to 9 month risk score, 2020 CMS-HCC ESRD model, ED/HCPCS filtered FFS based.	Model run with Encounter data, HCPCS filtered FFS data.

Field #	Field Name	Len	Pos	Description	Explanation
	ED/HCPCS filtered FFS				
56	Part C institutional post graft 4 to 9 month risk score, 2020 CMS-HCC ESRD model, ED/specialty filtered FFS/Inpatient RAPS	7.4	270-276	Beneficiary's 2020 institutional post graft 4 to 9 month risk score, 2020 CMS-HCC ESRD model, ED/specialty filtered FFS/Inpatient RAPS based.	Model run with Encounter data, specialty filtered FFS data, and Inpatient RAPS data.
57	Part C institutional post graft 10 or more months risk score, 2020 CMS-HCC ESRD model, ED/HCPCS filtered FFS	7.4	277-283	Beneficiary's 2020 institutional post graft 10 or more months risk score, 2020 CMS-HCC ESRD model, ED/HCPCS filtered FFS based.	Model run with Encounter data, HCPCS filtered FFS data.
58	Part C institutional post graft 10 or more months risk score, 2020 CMS-HCC ESRD model, ED/specialty filtered FFS/Inpatient RAPS	7.4	284-290	Beneficiary's 2020 institutional post graft 10 or more months risk score, 2020 CMS-HCC ESRD model, ED/specialty filtered FFS/Inpatient RAPS based.	Model run with Encounter data, specialty filtered FFS data, and Inpatient RAPS data.
59	Part C community post graft 4 to 9 month risk score, 2020 CMS-HCC ESRD model,	7.4	291-297	Beneficiary's 2020 community post graft 4 to 9 month risk score, 2020 CMS-HCC ESRD model, ED/HCPCS filtered FFS based.	Model run with Encounter data, HCPCS filtered FFS data.

Field #	Field Name	Len	Pos	Description	Explanation
	ED/HCPCS filtered FFS				
60	Part C community post graft 4 to 9 month risk score, 2020 CMS-HCC ESRD model, ED/specialty filtered FFS/Inpatient RAPS	7.4	298-304	Beneficiary's 2020 community post graft 4 to 9 month risk score, 2020 CMS-HCC ESRD model, ED/specialty filtered FFS/Inpatient RAPS based.	Model run with Encounter data, specialty filtered FFS data, and Inpatient RAPS data.
61	Part C community post graft 10 or more months risk score, 2020 CMS-HCC ESRD model, ED/HCPCS filtered FFS	7.4	305-311	Beneficiary's 2020 community post graft 10 or more months risk score, 2020 CMS-HCC ESRD model, ED/HCPCS filtered FFS based.	Model run with Encounter data, HCPCS filtered FFS data.
62	Part C community post graft 10 or more months risk score, 2020 CMS-HCC ESRD model, ED/specialty filtered FFS/Inpatient RAPS	7.4	312-318	Beneficiary's 2020 community post graft 10 or more months risk score, 2020 CMS-HCC ESRD model, ED/specialty filtered FFS/Inpatient RAPS based.	Model run with Encounter data, specialty filtered FFS data, and Inpatient RAPS data.
63-74	Part C Beneficiary status	2 X 12	319-342	Array of 12 monthly flags. Part C Beneficiary status codes are as follows:	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

Field #	Field Name	Len	Pos	Description	Explanation
				1 = Enrolled in a MA contract but not ESRD or Hospice 2 = Hospice 3 = Transplant kidney Only (Month 1) 4 = Transplant kidney Only (Month 2 and 3) 5 = New enrollee Dialysis 6 = New enrollee post graft (4-9 months) 7 = New enrollee post graft (10 or more months) 8 = Dialysis 9 = Institutional post graft (4-9 months) 10 = Institutional post graft (10 or more months) 11 = Community post graft (4-9 months) 12 = Community Post graft (10 or more months)	provided for those months when the beneficiary is not ESRD. Hospice status is based on the 1 st of the month.
75	Aged Status	1	343	Beneficiary's Aged Status 1=Aged 0=Disabled	Age calculated as of February 1, 2020.