

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



CENTER FOR MEDICARE

Date: April 14, 2015

To: All Medicare Advantage Organizations

From: Cheri Rice, Director
Medicare Plan Payment Group

Subject: Incoming File from CMS: beneficiary-level file to support 2016 Part C bids

CMS has pushed out to all Medicare Advantage Organizations a beneficiary level file that your actuaries will be using to develop 2016 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 name will be constructed as follows:

GENTRAN: P.Rxxxxx.PRTC2016.Dyymmdd.Thhmsst.pn
C:D mainframe: zzzzzzzz.Rxxxxx.PRTC2016.Dyymmdd.Thhmsst
C:D non-mainframe: [directory]Rxxxxx.PRTC2016.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 email the CMS Risk Adjustment mailbox at RiskAdjustment@cms.hhs.gov and specify "Payment Year 2016 Risk Scores for Bidding" in the subject line.

Below is the file layout with technical notes.

Tech Notes –

Please note the following:

1. The 2014 Part C risk scores were calculated using two CMS-HCC risk adjustment models: the 2013 CMS-HCC model (first used in 2013 payment) and the clinically revised 2014 model. For 2014, risk scores calculated under the 2013 CMS-HCC model and 2014 CMS-HCC model were blended. In 2016, risk scores will be calculated using the 2014 CMS-HCC model. The relative factors of the 2013 risk adjustment model are published in the 2013 *Rate Announcement*, published on April 2, 2012, and the coefficients of the 2014 CMS-HCC risk adjustment model are published in the 2014 *Rate Announcement*, published on April 1, 2013.

Rate Announcements can be found at: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html>.

2. The file includes all beneficiaries who were enrolled in your contract for at least one month in 2014, including beneficiaries with Part A only or Part B only.
3. The risk scores are not normalized and do not 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 *2016 Bid Instructions*. The 2016 Part C normalization factor is:
 - a. 2014 CMS-HCC model: 0.992
4. The estimated 2014 risk score takes into account retroactive (1) enrollment and disenrollment, (2) long term institutional status, and (3) Medicaid status that have occurred since the 2014 payments were initially made. The diagnosis data used for the risk score estimates are from calendar year 2013 dates of service (i.e., the data collection period) based on: 1) plan diagnosis data submitted through January 31, 2015 and 2) Medicare FFS diagnosis data through January 2015.
5. Final 2014 risk scores will use the same runout for plan-reported and FFS diagnoses, as well as any additional status changes that occur before the final risk score run (e.g., Medicaid, long term institutional, disability, ESRD).
6. C-SNPs – For 2016, CMS will again pay new enrollees in Chronic Condition SNPs with a different set of new enrollee risk scores. For 2016, all Medicare Advantage Organizations will receive beneficiary-level files that include C-SNP new enrollee scores. Plans with no C-SNP new enrollees can disregard the Part C-SNP new enrollee risk scores for the 2013 model and the 2014 model that will be used for payment in 2016.

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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 2014
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	<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 99 = Medicaid, but unknown status Blank = Not a dual eligible</p>	Medicaid status indicates status for each month in 2014; 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, 2013 CMS-	7.4	169- 175	Beneficiary's 2014 community risk score, 2013 CMS-HCC model.	

	HCC model				
51	Part C institutional risk score, 2013 CMS-HCC model	7.4	176-182	Beneficiary's 2014 institutional risk score, 2013 CMS-HCC model.	
52	Part C new enrollee risk score, 2013 CMS-HCC model	7.4	183-189	Beneficiary's 2014 new enrollee risk score, 2013 CMS-HCC model.	
53	Part C SNP new enrollee risk score, 2013 CMS-HCC model	7.4	190-196	Beneficiary's 2014 C-SNP new enrollee risk score, 2013 CMS-HCC model.	
54	Part C community risk score, 2014 CMS-HCC model	7.4	197-203	Beneficiary's 2014 community risk score, 2014 CMS-HCC model.	
55	Part C institutional risk score, 2014 CMS-HCC model	7.4	204-210	Beneficiary's 2014 institutional risk score, 2014 CMS-HCC model.	
56	Part C new enrollee risk score, 2014 CMS-HCC model	7.4	211-217	Beneficiary's 2014 new enrollee risk score, 2014 CMS-HCC model.	
57	Part C SNP new enrollee risk score, 2014 CMS-HCC model	7.4	218-224	Beneficiary's 2014 C-SNP new enrollee risk score, 2014 CMS-HCC model.	
58-69	Part C Beneficiary status	1 X 12	225-236	<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</p>	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.