Checking Medicaid status used in payment

(for a description of fields 19, 21, 23, and 47, please see the end of this document)

If the enrollee is a "full risk" enrollee, i.e., has 12 months of Part B in the data collection period --	Field 47 (RA Factor Type code) = C, C1, C2, D, G1, G2, I, I1, or I2 and Field 23 (Default Risk Factor code) = blank
Medicaid is used in calculating the risk score if enrollee was Medicaid for at least one month in the *data collection* period	Field 19 = blank **Use Field 21 to determine Medicaid status --** Field 21 = Y indicates that Medicaid status was used in calculating the risk score, i.e., at least a one month period of Medicaid eligibility during the *data collection* period was established in CMS systems at the time that risk scores were calculated. Field 21 = blank, indicates that no Medicaid period of eligibility was established in CMS systems during the *data collection* period
If the enrollee is a "new enrollee," i.e., does not have 12 months of Part B in the data collection period – And they were present in the Medicare Beneficiary Database at the time that the Risk Adjustment System (RAS) pulled data for calculating risk scores... A "new enrollee" risk score will be assigned in RAS.	Field 47 (RA Factor Type code) = E, ED, E1, or E2 and Field 23 (Default Risk Factor code) = blank
Medicaid is used in assigning the new enrollee risk score if the enrollee was Medicaid for at least one month in the *payment* year.	Field 19 = blank **Use Field 21 to determine Medicaid status --** Field 21 = Y indicates that Medicaid status was used in assigning the new enrollee risk score, i.e., at least a one month period of Medicaid eligibility during the *payment* year was established in CMS systems at the time that the risk score was assigned. Field 21 = blank indicates that no Medicaid period of eligibility was established in CMS systems during the *payment* year Note: The application of Medicaid status based on Medicaid periods during the payment year will happen at final payment reconciliation (conducted in the year following the payment year). New enrollees who are assigned a RAS risk score during the initial risk score run are assigned Medicaid status if they are Medicaid for at least one month during the lagged data collection period (July-June prior to the payment year) or during any one month after June, but prior to the risk score run. New enrollees who are assigned a RAS risk score during the mid-year risk score run are assigned Medicaid status if they are Medicaid for at least one month during the year prior to the payment year or any one month during the payment year. At final payment reconciliation, Medicaid status will be applied to the final risk score if there is a Medicaid period of at least one month during the payment year.

If the enrollee does not have a RAS-generated risk score, either because – o the enrollee was <u>not</u> present in the Medicare Beneficiary Database at the time that RAS pulled data for calculating risk scores, i.e., they were neither entitled to Part A nor enrolled in Part B at the time of the risk score run, or o the enrollee has RAS factors for community and institutional, but has a newly-reported ESRD status (RAS did not know to generate a CMS-HCC ESRD risk score for the beneficiary) – The payment system will not have the appropriate risk score passed to it from RAS for these beneficiaries; the payment system will assign the appropriate default risk score in these cases (aged/disabled, ESRD).	Field 47 (RA Factor Type code) = blank and Field 23 (Default Risk Factor code) = Y Indicates that a default risk score was assigned by the payment system. Starting with January 2009 payment, field 23 will be populated with 1, 2, 3, 4, 5, 6, or blank depending on type of default score used, rather than simply a 'Y' or blank. <u>Note</u>: Default risk scores may be needed throughout the payment year, since RAS may not be able to generate the appropriate risk scores during the initial and mid-year risk score runs. At final payment reconciliation (conducted in the year following the payment year), all beneficiaries enrolled during the payment year – both full risk and new enrollees -- will receive RAS-generated risk scores, i.e., no default risk scores are assigned at final payment reconciliation.
Medicaid is used in assigning the default risk score if the enrollee was Medicaid for at least one month in the *payment year*.	Field 21 = blank **Use Field 19 to determine Medicaid status --** Field 19 = Y indicates that Medicaid status was used in assigning the new enrollee risk score, i.e., at least a one month period of Medicaid eligibility during the *payment* year was established in CMS payment system at the time that the default risk score was assigned. Field 19 = N indicates that no Medicaid period of eligibility was established in CMS systems during the *payment* year Note: For default risk scores assigned to beneficiaries at the beginning of a payment year, the payment system assigns default risk scores using Medicaid if the beneficiary has Medicaid for at least one month in the year previous to the payment year (since payment-year Medicaid status is unknown). During the payment year, the payment system checks quarterly for updates to the Medicaid status of default beneficiaries and adjusts their Medicaid status according to the rules for default enrollees.

Notes: The data collection period is the 12 month period from which CMS uses diagnoses when calculating risk scores. For mid-year and final risk scores, the data collection period is the calendar year prior to the payment year (2007 for 2008 payment year). For initial risk scores (those used for prospective payments from January – June), the data collection period is the July (two years prior) – June (in the year prior to payment year). For example, for 2008 initial risk scores, CMS used July 1, 2006 – June 30, 2007 for the data collection period.

Selected Fields on the MMR Data File

Field	Description
Field 19 – New Medicare Beneficiary Medicaid Status Flag	Prior to calendar 2008, payments and payment adjustments report as follows: **Y** = Medicaid status, **Blank** = not Medicaid. In calendar 2008, payments and payment adjustments were reported as follows: **Y** = Beneficiary is Medicaid and a default risk factor was used, **N** = Beneficiary is not Medicaid and a default risk factor was used, **Blank** = CMS is not using a default risk factor or the beneficiary is Part D only. Beginning in calendar 2009: • Payment adjustments with effective dates in 2008 and after, and all prospective payments report as follows: **Y** = Beneficiary is Medicaid and a default risk factor was used, **N** = Beneficiary is not Medicaid and a default risk factor was used, **Blank** = CMS is not using a default risk factor or the beneficiary is Part D only. • Payment adjustments with effective dates in 2007 and earlier report as follows: **Y** = A payment adjustment was made at a "Medicaid" rate to the demographic component of a blended payment. **N** = A payment adjustment was made to the demographic payment component of a blended payment. The adjustment was not at a "Medicaid" rate. **Blank** = Either the adjusted payment had no demographic component, or only the risk portion of a blended payment was adjusted.
Field 21 – Medicaid Indicator	**Y** = Medicaid Add-on to beneficiary RAS factor **Blank** = No Medicaid Add-on
Field 23 – Default Risk Factor Code (Prior to 2009, this field is referred to as the Default Indicator)	2008 and earlier year **Y**= default RA factor in use For pre-2004 adjustments, a "Y" indicates that a new enrollee RA factor is in use. For 2003-2008 payments and adjustments, a "Y" indicates that a default factor was generated by the system due to lack of a RA factor. Beginning in 2009 **1** = Default Enrollee- Aged/Disabled **2** = Default Enrollee- ESRD Dialysis **3** = Default Enrollee- ESRD Transplant Kidney Month 1 **4** = Default Enrollee- ESRD Transplant Kidney Months 2-3 **5** = Default Enrollee- ESRD Post Graft 4-9 months **6** = Default Enrollee- ESRD Post Graft 10+ months **Blank** = Not a default enrollee - Risk Adjustment
Field 47 – RA Factor Type Code	Type of risk adjustment factor used to calculate the payment or adjustment amount (see Fields 24-25): **C** = Community **C1** = Community Post-Graft I (ESRD) **C2** = Community Post-Graft II (ESRD) **D** = Dialysis (ESRD) **E** = New Enrollee **ED** = New Enrollee Dialysis (ESRD) **E1** = New Enrollee Post-Graft I (ESRD) **E2** = New Enrollee Post-Graft II (ESRD) **G1** = Graft I (ESRD) **G2** = Graft II (ESRD) **I** = Institutional **I1** = Institutional Post-Graft I (ESRD) **I2** = Institutional Post-Graft II (ESRD) **Blank** – Part C Default risk factor used in the calculation