



2012 Regional Technical Assistance Resource Guide



Tuesday, August 7, 2012

Risk Adjustment

RESOURCE GUIDE

About This Guide

This Resource Guide is intended to help Medicare Advantage Organizations (MAOs), providers, physicians, and third party submitters locate information specific to risk adjustment.

The purpose of this Resource Guide is to identify and supply resources that will simplify and clarify both the terminology and the processes employed in the risk adjustment process. An emphasis is given to recent, policy-relevant material.

This Resource Guide is a helpful tool for those who need a quick reference for technical concepts, or for those who need to provide employees with an introductory presentation to the risk adjustment process. Where possible and appropriate, “screen shots” of important resources on the Internet have been included. These pages may also be utilized as a suitable visual aid for risk adjustment instructors to enhance their presentations.

GENERAL CONTACT INFORMATION

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) - <http://cms.hhs.gov>

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CUSTOMER SERVICE AND SUPPORT CENTER (CSSC) – <http://www.csscooperations.com>

The CSSC website provides “one-stop shopping” for MA organizations regarding risk adjustment data submission needs. Visit www.csscooperations.com to register for email updates from the CSSC. The updates will serve as notification that new or updated information has been added to the website.

CSSC Contact Information

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Risk Adjustment Acronyms

ACRONYM	TERM
AAPC	American Academy of Professional Coders
ACR	Adjusted Community Rates
ACRP	Adjusted Community Rate Proposal
ADS	Alternative Data Sources
ADL	Activities of Daily Living
AGNS	AT&T Global Network Services
AHA	American Hospital Association
AHIMA	American Health Information Management Association
AMA	American Medical Association
ANSI	American National Standards Institute
ANSI X12 837	Variable Length File Format for Electronic Submission of Encounter Data
ASC	Ambulatory Surgical Center
BBA	Balanced Budget Act of 1997
BBRA	Balanced Budget Refinement Act 1999
BIC	Beneficiary Identification Code
BIPA	Benefits Improvement and Protection Act of 2000
CAD	Coronary Artery Disease
CFO	Chief Financial Officer
CGD	Coverage Gap Discount
CHF	Congestive Heart Failure
CMHC	Community Mental Health Center
CMS	Centers for Medicare & Medicaid Services
CMS-HCC	CMS Refined Hierarchical Condition Category Risk Adjustment Model
COPD	Chronic Obstructive Pulmonary Disease
CPT	Current Procedural Terminology
CSSC	Customer Service and Support Center
CVD	Cerebrovascular Disease
CWF	Common Working File
CY	Calendar Year
DCP	Data Collection Period
DDE	Direct Data Entry
DHHS	Department of Health & Human Services
DM	Diabetes Mellitus
DME	Durable Medical Equipment
DOB	Date of Birth

ACRONYM	TERM
DOD	Department of Defense
DOS	Dates of Service
DRG	Diagnosis Related Group
DX	Diagnosis
EDI	Electronic Data Interchange
ESRD	End-Stage Renal Disease
ET	Eastern Time
FERAS	Front-End Risk Adjustment System
FFS	Fee for Service
FQHC	Federally Qualified Health Center
FTP	File Transfer Protocol
GUI	Graphical User Interface
H# MA	Organization CMS Contract Number
HCC	Hierarchical Condition Category
HCFA 1500	Medicare Part B Claim Filing Form
HCPCS	Healthcare Common Procedure Coding System
HEDIS	Health Plan Employer Data Information Set
HHS	Department of Health and Human Services
HIC#	Health Insurance Claim Number (Beneficiary Medicare ID#)
HICN	Health Insurance Claim Number (Beneficiary Medicare ID#)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HOS	Health Outcomes Survey
HPMS	Health Plan Management System
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
ICN	Internal Claim Number
IP	Internet Protocol
IVC	Initial Validation Contractor
JCAHO	Joint Commission on Accreditation of Health Care Organizations
LTC	Leading Through Change, Inc.
MA	Medicare Advantage
MA-PD	Medicare Advantage Prescription Drug Plan
MARx	Medicare Advantage Prescription Drug System
MBD	Medicare Beneficiary Database
M+C	Medicare+Choice Organization
MCCOY	Managed Care Option Information System

ACRONYM	TERM
MCO	Managed Care Organization
MDCN	Medicare Data Communications Network
MDS	Minimum Data Set
MMA	Medicare Prescription Drug Modernization Act of 2003
MMCS	Medicare Managed Care System
MMR	Monthly Membership Report
MnDHO	Minnesota Disability Health Options
MOR	Model Output Report
MSA	Medical Savings Account
MSG	Message
MSHO	Minnesota Senior Health Options
NCH	National Claims History
NCHS	National Center for Health Statistics
NCPDP	National Council on Prescription Drug Program
NCQA	National Committee for Quality Assurance
NDM	Network Data Mover
NES	Not elsewhere classified
NMUD	National Medicare Utilization Database
NOS	Not Otherwise Specified
NPI	National Provider Identifier
NSF	National Standard Format
OIG	Office of Inspector General
OREC	Original Reason for Entitlement Code
Palmetto GBA	Palmetto Government Benefits Administrators
PACE	Program of All-Inclusive Care for the Elderly
PCN	Patient Control Number
PHS	PACE Health Survey
PIP-DCG	Principal Inpatient Diagnostic Cost Group
PPO	Preferred Provider Organization
QIO	Quality Improvement Organization
RAPS	Risk Adjustment Processing System
RAPS	Database Risk Adjustment Processing System Database
RAS	Risk Adjustment System
RHC	Rural Health Clinic
RPT	Report
RRB	Railroad Retirement Board
RT	Record Type

ACRONYM	TERM
RxHCC	Prescription Drug Hierarchical Condition Category
SAS	Statistical Analysis Software
SCO	Massachusetts Health Senior Care Option
SH#	Submitter CMS Contract Number
S/HMO	Social Health Maintenance Organizations
SNF	Skilled Nursing Facility
SSD	Selected Significant Disease Model
SSN	Social Security Number
SUB ID	Submitter ID
SVC	Second Validation Contractor
TBC	Total Beneficiary Cost
TOB	Type of Bill
UB-04	Uniform Billing Form 04
VA	Veterans Administration
WPP	Wisconsin Partnership Program

Web Resources

Announcements

Announcements inform plans of capitation rates, methodological changes, benefit parameters, and risk adjustment factors. This information is released in an Advance Notice in February each year for public comment and finalized in an Announcement in April each year with updates and responses to comments.

Advance Notice of Methodological Changes for Calendar Year (CY) 2004 (45-Day Notice)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Advance2004.pdf>

Announcement of Calendar Year (CY) 2004 Medicare+Choice Payment Rates (May 12, 2003)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2004.pdf>

Cover Letter Regarding Revised Medicare Advantage Rates for Calendar Year (CY) 2004 (January 16, 2004)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2004b.pdf>

Advance Notice of Methodological Changes for Calendar Year (CY) 2005 Medicare Advantage (MA) Payment Rates (45-Day Notice)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Advance2005.pdf>

Announcement of Calendar Year (CY) 2005 Medicare Advantage Payment Rates (May 10, 2004)

<http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2005.pdf>

Advance Notice of Methodological Changes for Calendar Year (CY) 2006 Medicare Advantage (MA) Payment Rates (45-Day Notice)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Advance2006.pdf>

Announcement of Calendar Year (CY) 2006 Medicare Advantage Payment Rates (April 4, 2005)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2006.pdf>

Advance Notice of Methodological Changes for Calendar Year (CY) 2007 Medicare Advantage (MA) Payment Rates (45-Day Notice)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Advance2007.pdf>

Announcement of Calendar Year (CY) 2007 Medicare Advantage Payment Rates (April 3, 2006)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2007.pdf>

Advance Notice of Methodological Changes for Calendar Year (CY) 2008 Medicare Advantage (MA) Payment Rates (45-Day Notice)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Advance2008.pdf>

Announcement of Calendar Year (CY) 2008 Medicare Advantage Payment Rates (April 2, 2007)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2008.pdf>

Advance Notice of Methodological Changes for Calendar Year (CY) 2009 for Medicare Advantage (MA) Capitation Rates and Part D Payment Policies

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Advance2009.pdf>

Announcement of Calendar Year (CY) 2009 Medicare Advantage Payment Rates
(April 7, 2008)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2009.pdf>

Advance Notice of Methodological Changes for Calendar Year (CY) 2010 for Medicare Advantage (MA) Capitation Rates and Part D Payment Policies

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Advance2010.pdf>

Announcement of Calendar Year (CY) 2010 Medicare Advantage Payment Rates
(April 6, 2009)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2010.pdf>

Advance Notice of Methodological Changes for Calendar Year (CY) 2011 for Medicare Advantage (MA) Capitation Rates and Part D Payment Policies

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Advance2011.pdf>

Announcement of Calendar Year (CY) 2011 Medicare Advantage Payment Rates
(April 5, 2010)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2011.pdf>

Advance Notice of Methodological Changes for Calendar Year (CY) 2012 for Medicare Advantage (MA) Capitation Rates and Part D Payment Policies

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Advance2012.pdf>

Announcement of Calendar Year (CY) 2012 Medicare Advantage Payment Rates
(April 4, 2011)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2012.pdf>

Advance Notice of Methodological Changes for Calendar Year (CY) 2013 for Medicare Advantage (MA) Capitation Rates and Part D Payment Policies

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Advance2013.pdf>

Announcement of Calendar Year (CY) 2013 Medicare Advantage Payment Rates
(April 2, 2012)

<http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2013.pdf>

Policy and Operations Resources

Resource	Location	Description
Medicare Advantage (MA) Prescription Drug Plans Plan Communications User's Guide	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html	Source of report layouts and guide to using the MARx UI.
Ask Risk Adjustment	https://askriskadjustment.com	Plans may submit questions regarding risk adjustment and search previously asked questions.
Health Plan Management System	https://gateway.cms.hhs.gov/	Plans may submit contract information and search posted memos and notices regarding contracting. If Medicare Advantage (MA) organizations experience difficulty logging into HPMS, please contact Don Freeburger (don.freeburger@cms.hhs.gov) 410-786-4586 or Neetu Jhagwani (neetu.jhagwani@cms.hhs.gov) 410-786-2548.
Medicare Managed Care Manual	http://www.cms.gov/manuals/	Location for operations and policy guidance.
Risk Adjustment Page	http://www.cms.gov/Medicare/Health-Plans/MedicareAdvgtSpecRateStats/RiskAdjustment.html	A central location on the CMS website for risk adjustment, bidding, and payment information.
Rate Book Information	http://www.cms.gov/Medicare/Health-Plans/MedicareAdvgtSpecRateStats/Ratebooks-and-Supporting-Data.html	Contains tables of MA and Prescription Drug rate information.
Health Plans Page	http://www.cms.gov/HealthPlansGenInfo	Contains information for current and future contracting MA organizations, other Medicare managed care health plans, and additional parties interested in the operational and regulatory aspects of the MA program.
Health Insurance Portability and Accountability Act (HIPAA) Page	http://www.cms.gov/HIPAAGenInfo/	Location for information regarding national standards for electronic health care transactions and national identifiers for providers, health plans, and employers.
Quarterly Provider Updates	http://www.cms.gov/QuarterlyProviderUpdates/	Plans may use these for provider education on Medicare policies
Official Coding Guidelines for ICD-9-CM from Centers for Disease Control Website	http://www.cdc.gov/nchs/icd/icd9cm_adenda_guidelines.htm	Source for information on diagnosis coding guidance.
Updates for ICD-10-CM from Centers for Disease Control Website	http://www.cdc.gov/nchs/icd/icd10cm.htm	Source for information on diagnosis coding guidance specific to ICD-10.
CMS' ICD-10 Resource Page	https://www.cms.gov/Medicare/Coding/ICD10/index.html	Resources to help, providers, payers, and vendors with the upgrade to Version 5010 and transition to ICD-10.
Risk Adjustment Model Output Report Letter	http://www.mcoservice.com/Internet/Cssc.nsf/b6a3c7882a4ff9a18525743200625c56/8525750700554d2b852575fb0064785c?OpenDocument	Provides details regarding the Model Output Report.
Individuals with Access to CMS Systems (IACS) User Guide and Website	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/IACS.html	CMS' identity management system that assists users needing access to CMS applications.
CMS Data Access Application	http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/AccessToDataApplication/index.html	Provides documents required for connectivity to CMS systems.
Reference to Types of Facilities and Taxonomy Codes	http://www.wpc-edi.com/reference/	Source of information regarding provider identification codes.

CMS Call Letters (Finals)

Call letters provide information on policy and guidance for the Part C and D programs.

2006: <https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/downloads/2006CALLTR.pdf>

2007: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/CY07MACallLetterFinal_040406.pdf

2009: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/CombinedPartsCandD2009CallLetter1-16-08_cbv1.pdf

2010: <https://www.cms.gov/PrescriptionDrugCovContra/Downloads/2010CallLetter.pdf>

2011: <https://www.cms.gov/PrescriptionDrugCovContra/Downloads/2011CombinedCallLetter.pdf>

2012: <http://www.cms.gov/MedicareAdvtgSpecRateStats/Downloads/Announcement2012.pdf>

2013: <https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/Downloads/2013-Call-Letter.pdf>

Report Layouts

This section provides excerpts of report layouts from the Plan Communication User Guide.

Model Output Report

TABLE A – PART C MODEL OUTPUT REPORT, HEADER LAYOUT

Item	Field	Position	Field Length	Description
1	Record Type	1	1	Set to "1"
2	Contract Number	2 – 6	5	Unique identification for a Medicare Advantage Contract.
3	Run Date	7 – 14	8	Date when file was created, YYYYMMDD
4	Payment Year and Month	15 – 20	6	Identifies the risk adjustment payment year and month for the model run.
5	Filler	21 – 200	180	Spaces

TABLE B – PART C MODEL OUTPUT REPORT, TYPE A LAYOUT

Field #	Field Name	Position	Field Length	Field Description
1	Record Type Code	1	1	1 = Header, A = Details for old V12 PTC MOR, B = Details for new V21 PTC MOR, 3 = Trailer
2	Health Insurance Claim Account Number	2-13	12	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN consists of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12-byte account number.
3	Beneficiary Last Name	14 - 25	12	Beneficiary Last Name
4	Beneficiary First Name	26 – 32	7	Beneficiary First Name
5	Beneficiary Initial	33	1	Beneficiary Initial
6	Date of Birth	34 – 41	8	The date of birth of the Medicare Beneficiary.
7	Sex	42	1	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	43 – 51	9	The beneficiary's current identification number that was assigned by the Social Security Administration.
9	Age Group Female0_34	52	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive.
10	Age Group Female35_44	53	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive.
11	Age Group Female45_54	54	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive.
12	Age Group Female55_59	55	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive.

TABLE B – PART C MODEL OUTPUT REPORT, TYPE A LAYOUT (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
13	Age Group Female60_64	56	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive.
14	Age Group Female65_69	57	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive.
15	Age Group Female70_74	58	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive.
16	Age Group Female75_79	59	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive.
17	Age Group Female80_84	60	1	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive.
18	Age Group Female85_89	61	1	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive.
19	Age Group Female90_94	62	1	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive.
20	Age Group Female95_GT	63	1	The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater.
21	Age Group Male0_34	64	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.
22	Age Group Male35_44	65	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.
23	Age Group Male45_54	66	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive.
24	Age Group Male55_59	67	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.
25	Age Group Male60_64	68	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.
26	Age Group Male65_69	69	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.
27	Age Group Male70_74	70	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive.
28	Age Group Male75_79	71	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive.
29	Age Group Male80_84	72	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive.
30	Age Group Male85_89	73	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive.
31	Age Group Male90_94	74	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive.
32	Age Group Male95_GT	75	1	The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater.
33	Medicaid Female Disabled	76	1	Beneficiary is a female disabled and also entitled to Medicaid.
34	Medicaid Female Aged	77	1	Beneficiary is a female aged (> 64) and also entitled to Medicaid.
35	Medicaid Male Disabled	78	1	Beneficiary is a male disabled and also entitled to Medicaid.
36	Medicaid Male Aged	79	1	Beneficiary is a male aged (> 64) and also entitled to Medicaid.

TABLE B – PART C MODEL OUTPUT REPORT, TYPE A LAYOUT (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
37	Originally Disabled Female	80	1	Beneficiary is a female and original Medicare entitlement was due to disability.
38	Originally Disabled Male	81	1	Beneficiary is a male and original Medicare entitlement was due to disability.
39	Disease Coefficients HCC1	82	1	HIV/AIDS
40	Disease Coefficients HCC2	83	1	Septicemia/Shock
41	Disease Coefficients HCC5	84	1	Opportunistic Infections
42	Disease Coefficients HCC7	85	1	Metastatic Cancer and Acute Leukemia
43	Disease Coefficients HCC8	86	1	Lung, Upper Digestive Tract, and Other Severe Cancers
44	Disease Coefficients HCC9	87	1	Lymphatic, Head and Neck, Brain, and Other Major Cancers
45	Disease Coefficients HCC10	88	1	Breast, Prostate, Colorectal and Other Cancers and Tumors
46	Disease Coefficients HCC15	89	1	Diabetes with Renal or Peripheral Circulatory Manifestation
47	Disease Coefficients HCC16	90	1	Diabetes with Neurologic or Other Specified Manifestation
48	Disease Coefficients HCC17	91	1	Diabetes with Acute Complications
49	Disease Coefficients HCC18	92	1	Diabetes with Ophthalmologic or Unspecified Manifestation
50	Disease Coefficients HCC19	93	1	Diabetes without Complication
51	Disease Coefficients HCC21	94	1	Protein-Calorie Malnutrition
52	Disease Coefficients HCC25	95	1	End-Stage Liver Disease
53	Disease Coefficients HCC26	96	1	Cirrhosis of Liver
54	Disease Coefficients HCC27	97	1	Chronic Hepatitis
55	Disease Coefficients HCC31	98	1	Intestinal Obstruction/Perforation
56	Disease Coefficients HCC32	99	1	Pancreatic Disease
57	Disease Coefficients HCC33	100	1	Inflammatory Bowel Disease
58	Disease Coefficients HCC37	101	1	Bone/Joint/Muscle Infections/Necrosis
59	Disease Coefficients HCC38	102	1	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease
60	Disease Coefficients HCC44	103	1	Severe Hematological Disorders

TABLE B – PART C MODEL OUTPUT REPORT, TYPE A LAYOUT (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
61	Disease Coefficients HCC45	104	1	Disorders of Immunity
62	Disease Coefficients HCC51	105	1	Drug/Alcohol Psychosis
63	Disease Coefficients HCC52	106	1	Drug/Alcohol Dependence
64	Disease Coefficients HCC54	107	1	Schizophrenia
65	Disease Coefficients HCC55	108	1	Major Depressive, Bipolar, and Paranoid Disorders
66	Disease Coefficients HCC67	109	1	Quadriplegia, Other Extensive Paralysis
67	Disease Coefficients HCC68	110	1	Paraplegia
68	Disease Coefficients HCC69	111	1	Spinal Cord Disorders/Injuries
69	Disease Coefficients HCC70	112	1	Muscular Dystrophy
70	Disease Coefficients HCC71	113	1	Polyneuropathy
71	Disease Coefficients HCC72	114	1	Multiple Sclerosis
72	Disease Coefficients HCC73	115	1	Parkinson's and Huntington's Diseases
73	Disease Coefficients HCC74	116	1	Seizure Disorders and Convulsions
74	Disease Coefficients HCC75	117	1	Coma, Brain Compression/Anoxic Damage
75	Disease Coefficients HCC77	118	1	Respirator Dependence/Tracheostomy Status
76	Disease Coefficients HCC78	119	1	Respiratory Arrest
77	Disease Coefficients HCC79	120	1	Cardio-Respiratory Failure and Shock
78	Disease Coefficients HCC80	121	1	Congestive Heart Failure
79	Disease Coefficients HCC81	122	1	Acute Myocardial Infarction
80	Disease Coefficients HCC82	123	1	Unstable Angina and Other Acute Ischemic Heart Disease
81	Disease Coefficients HCC83	124	1	Angina Pectoris/Old Myocardial Infarction
82	Disease Coefficients HCC92	125	1	Specified Heart Arrhythmias
83	Disease Coefficients HCC95	126	1	Cerebral Hemorrhage
84	Disease Coefficients HCC96	127	1	Ischemic or Unspecified Stroke

TABLE B – PART C MODEL OUTPUT REPORT, TYPE A LAYOUT (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
85	Disease Coefficients HCC100	128	1	Hemiplegia/Hemiparesis
86	Disease Coefficients HCC101	129	1	Cerebral Palsy and Other Paralytic Syndromes
87	Disease Coefficients HCC104	130	1	Vascular Disease with Complications
88	Disease Coefficients HCC105	131	1	Vascular Disease
89	Disease Coefficients HCC107	132	1	Cystic Fibrosis
90	Disease Coefficients HCC108	133	1	Chronic Obstructive Pulmonary Disease
91	Disease Coefficients HCC111	134	1	Aspiration and Specified Bacterial Pneumonias
92	Disease Coefficients HCC112	135	1	Pneumococcal Pneumonia, Empyema, Lung Abscess
93	Disease Coefficients HCC119	136	1	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
94	Disease Coefficients HCC130	137	1	Dialysis Status
95	Disease Coefficients HCC131	138	1	Renal Failure
96	Disease Coefficients HCC132	139	1	Nephritis
97	Disease Coefficients HCC148	140	1	Decubitus Ulcer of Skin
98	Disease Coefficients HCC149	141	1	Chronic Ulcer of Skin, Except Decubitus
99	Disease Coefficients HCC150	142	1	Extensive Third-Degree Burns
100	Disease Coefficients HCC154	143	1	Severe Head Injury
101	Disease Coefficients HCC155	144	1	Major Head Injury
102	Disease Coefficients HCC157	145	1	Vertebral Fractures without Spinal Cord Injury
103	Disease Coefficients HCC158	146	1	Hip Fracture/Dislocation
104	Disease Coefficients HCC161	147	1	Traumatic Amputation
105	Disease Coefficients HCC164	148	1	Major Complications of Medical Care and Trauma
106	Disease Coefficients HCC174	149	1	Major Organ Transplant Status
107	Disease Coefficients HCC176	150	1	Artificial Openings for Feeding or Elimination
108	Disease Coefficients HCC177	151	1	Amputation Status, Lower Limb/Amputation Complications

TABLE B – PART C MODEL OUTPUT REPORT, TYPE A LAYOUT (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
109	Disabled Disease HCC5	152	1	Disabled (Age <65) and Opportunistic Infections
110	Disabled Disease HCC44	153	1	Disabled (Age <65) and Severe Hematological Disorders
111	Disabled Disease HCC51	154	1	Disabled (Age <65) and Drug/Alcohol Psychosis
112	Disabled Disease HCC52	155	1	Disabled (Age <65) and Drug/Alcohol Dependence
113	Disabled Disease HCC107	156	1	Disabled (Age <65) and Cystic Fibrosis
114	Disease Interactions INT1	157	1	DM_CHF
115	Disease Interactions INT2	158	1	DM_CVD
116	Disease Interactions INT3	159	1	CHF_COPD
117	Disease Interactions INT4	160	1	COPD_CVD_CAD
118	Disease Interactions INT5	161	1	RF_CHF
119	Disease Interactions INT6	162	1	RF_CHF_DM
120	Filler	163-200	38	Filler

TABLE C – PART C MODEL OUTPUT REPORT, TYPE B LAYOUT

Field #	Field Name	Position	Field Length	Field Description
1	Record Type Code	1	1	1 = Header, A = Details for old V12 PTC MOR, B = Details for new V21 PTC MOR, 3 = Trailer
2	Health Insurance Claim Account Number	2-13	12	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN consists of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12-byte account number.
3	Beneficiary Last Name	14-25	12	Beneficiary Last Name
4	Beneficiary First Name	26-32	7	Beneficiary First Name
5	Beneficiary Initial	33	1	Beneficiary Initial
6	Date of Birth	34-41	8	The date of birth of the Medicare Beneficiary
7	Sex	42	1	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	43-51	9	The beneficiary's current identification number that was assigned by the Social Security Administration.
9	RAS ESRD Indicator Switch	52	1	The beneficiary's ESRD status as of the model run. Also indicates if the beneficiary was processed by the ESRD models in the model run.
10	Age Group Female0_34	53	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 0 and 34, inclusive.
11	Age Group Female35_44	54	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 35 and 44, inclusive.
12	Age Group Female45_54	55	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 45 and 54, inclusive.
13	Age Group Female55_59	56	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 55 and 59, inclusive.
14	Age Group Female60_64	57	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 60 and 64, inclusive.
15	Age Group Female65_69	58	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 65 and 69, inclusive.
16	Age Group Female70_74	59	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 70 and 74, inclusive.
17	Age Group Female75_79	60	1	The sex and age group for the beneficiary based on a given as of date. Female between ages 75 and 79, inclusive.
18	Age Group Female80_84	61	1	The sex and age group for the beneficiary based on a given as of date. Female between ages of 80 and 84, inclusive.
19	Age Group Female85_89	62	1	The sex and age group for the beneficiary based on a given as of date. Female between ages of 85 and 89, inclusive.
20	Age Group Female90_94	63	1	The sex and age group for the beneficiary based on a given as of date. Female between ages of 90 and 94, inclusive.
21	Age Group Female95_GT	64	1	The sex and age group for the beneficiary based on a given as of date. Female, age 95 or greater.

TABLE C – PART C MODEL OUTPUT REPORT, TYPE B LAYOUT (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
22	Age Group Male0_34	65	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 0 and 34, inclusive.
23	Age Group Male35_44	66	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 35 and 44, inclusive.
24	Age Group Male45_54	67	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 45 and 54, inclusive.
25	Age Group Male55_59	68	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 55 and 59, inclusive.
26	Age Group Male60_64	69	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 60 and 64, inclusive.
27	Age Group Male65_69	70	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 65 and 69, inclusive.
28	Age Group Male70_74	71	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 70 and 74, inclusive.
29	Age Group Male75_79	72	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 75 and 79, inclusive.
30	Age Group Male80_84	73	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 80 and 84, inclusive.
31	Age Group Male85_89	74	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 85 and 89, inclusive.
32	Age Group Male90_94	75	1	The sex and age group for the beneficiary based on a given as of date. Male between ages of 90 and 94, inclusive.
33	Age Group Male95_GT	76	1	The sex and age group for the beneficiary based on a given as of date. Male, age 95 or greater.
34	Medicaid Female Disabled	77	1	Beneficiary is a female disabled and also entitled to Medicaid.
35	Medicaid Female Aged	78	1	Beneficiary is a female aged (> 64) and also entitled to Medicaid.
36	Medicaid Male Disabled	79	1	Beneficiary is a male disabled and also entitled to Medicaid.
37	Medicaid Male Aged	80	1	Beneficiary is a male aged (> 64) and also entitled to Medicaid.
38	Originally Disabled Female	81	1	Beneficiary is a female and original Medicare entitlement was due to disability.
39	Originally Disabled Male	82	1	Beneficiary is a male and original Medicare entitlement was due to disability.
40	HCC001	83	1	HIV/AIDS
41	HCC002	84	1	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock
42	HCC006	85	1	Opportunistic Infections
43	HCC008	86	1	Metastatic Cancer and Acute Leukemia
44	HCC009	87	1	Lung and Other Severe Cancers
45	HCC010	88	1	Lymphoma and Other Cancers
46	HCC011	89	1	Colorectal, Bladder, and Other Cancers
47	HCC012	90	1	Breast, Prostate, and Other Cancers and Tumors
48	HCC017	91	1	Diabetes with Acute Complications
49	HCC018	92	1	Diabetes with Chronic Complications
50	HCC019	93	1	Diabetes without Complication

TABLE C – PART C MODEL OUTPUT REPORT, TYPE B LAYOUT (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
51	HCC021	94	1	Protein-Calorie Malnutrition
52	HCC022	95	1	Morbid Obesity
53	HCC023	96	1	Other Significant Endocrine and Metabolic Disorders
54	HCC027	97	1	End-Stage Liver Disease
55	HCC028	98	1	Cirrhosis of Liver
56	HCC029	99	1	Chronic Hepatitis
57	HCC033	100	1	Intestinal Obstruction/Perforation
58	HCC034	101	1	Chronic Pancreatitis
59	HCC035	102	1	Inflammatory Bowel Disease
60	HCC039	103	1	Bone/Joint/Muscle Infections/Necrosis
61	HCC040	104	1	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease
62	HCC046	105	1	Severe Hematological Disorders
63	HCC047	106	1	Disorders of Immunity
64	HCC048	107	1	Coagulation Defects and Other Specified Hematological Disorders
65	HCC051	108	1	Dementia With Complications
66	HCC052	109	1	Dementia Without Complication
67	HCC054	110	1	Drug/Alcohol Psychosis
68	HCC055	111	1	Drug/Alcohol Dependence
69	HCC057	112	1	Schizophrenia
70	HCC058	113	1	Major Depressive, Bipolar, and Paranoid Disorders
71	HCC070	114	1	Quadriplegia
72	HCC071	115	1	Paraplegia
73	HCC072	116	1	Spinal Cord Disorders/Injuries
74	HCC073	117	1	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
75	HCC074	118	1	Cerebral Palsy
76	HCC075	119	1	Polyneuropathy
77	HCC076	120	1	Muscular Dystrophy
78	HCC077	121	1	Multiple Sclerosis
79	HCC078	122	1	Parkinson's and Huntington's Diseases
80	HCC079	123	1	Seizure Disorders and Convulsions
81	HCC080	124	1	Coma, Brain Compression/Anoxic Damage
82	HCC082	125	1	Respirator Dependence/Tracheostomy Status
83	HCC083	126	1	Respiratory Arrest
84	HCC084	127	1	Cardio-Respiratory Failure and Shock
85	HCC085	128	1	Congestive Heart Failure
86	HCC086	129	1	Acute Myocardial Infarction
87	HCC087	130	1	Unstable Angina and Other Acute Ischemic Heart Disease
88	HCC088	131	1	Angina Pectoris
89	HCC096	132	1	Specified Heart Arrhythmias
90	HCC099	133	1	Cerebral Hemorrhage
91	HCC100	134	1	Ischemic or Unspecified Stroke
92	HCC103	135	1	Hemiplegia/Hemiparesis
93	HCC104	136	1	Monoplegia, Other Paralytic Syndromes
94	HCC106	137	1	Atherosclerosis of the Extremities with Ulceration or Gangrene

TABLE C – PART C MODEL OUTPUT REPORT, TYPE B LAYOUT (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
95	HCC107	138	1	Vascular Disease with Complications
96	HCC108	139	1	Vascular Disease
97	HCC110	140	1	Cystic Fibrosis
98	HCC111	141	1	Chronic Obstructive Pulmonary Disease
99	HCC112	142	1	Fibrosis of Lung and Other Chronic Lung Disorders
100	HCC114	143	1	Aspiration and Specified Bacterial Pneumonias
101	HCC115	144	1	Pneumococcal Pneumonia, Emphysema, Lung Abscess
102	HCC122	145	1	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage
103	HCC124	146	1	Exudative Macular Degeneration
104	HCC134	147	1	Dialysis Status
105	HCC135	148	1	Acute Renal Failure
106	HCC136	149	1	Chronic Kidney Disease, Stage 5
107	HCC137	150	1	Chronic Kidney Disease, Severe (Stage 4)
108	HCC138	151	1	Chronic Kidney Disease, Moderate (Stage 3)
109	HCC139	152	1	Chronic Kidney Disease, Mild or Unspecified (Stages 1-2 or Unspecified)
110	HCC140	153	1	Unspecified Renal Failure
111	HCC141	154	1	Nephritis
112	HCC157	155	1	Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone
113	HCC158	156	1	Pressure Ulcer of Skin with Full Thickness Skin Loss
114	HCC159	157	1	Pressure Ulcer of Skin with Partial Thickness Skin Loss
115	HCC160	158	1	Pressure Pre-Ulcer Skin Changes or Unspecified Stage
116	HCC161	159	1	Chronic Ulcer of Skin, Except Pressure
117	HCC162	160	1	Severe Skin Burn or Condition
118	HCC166	161	1	Severe Head Injury
119	HCC167	162	1	Major Head Injury
120	HCC169	163	1	Vertebral Fractures without Spinal Cord Injury
121	HCC170	164	1	Hip Fracture/Dislocation
122	HCC173	165	1	Traumatic Amputations and Complications
123	HCC176	166	1	Complications of Specified Implanted Device or Graft
124	HCC186	167	1	Major Organ Transplant or Replacement Status
125	HCC188	168	1	Artificial Openings for Feeding or Elimination
126	HCC189	169	1	Amputation Status, Lower Limb/Amputation Complications
127	Disabled Disease HCC006	170	1	Disabled (Age<65) and CMS Ver 021 HCC 006 Opportunistic Infections
128	Disabled Disease HCC034	171	1	Disabled (Age<65) and CMS Ver 021 HCC 034 Chronic Pancreatitis
129	Disabled Disease HCC046	172	1	Disabled (Age<65) and CMS Ver 021 HCC 046 Severe Hematological Disorders
130	Disabled Disease HCC054	173	1	Disabled (Age<65) and CMS Ver 021 HCC 054 Drug/Alcohol Psychosis
131	Disabled Disease HCC055	174	1	Disabled (Age<65) and CMS Ver 021 HCC 055 Drug/Alcohol Dependence
132	Disabled Disease HCC110	175	1	Disabled (Age<65) and CMS Ver 021 HCC 110 Cystic Fibrosis

TABLE C – PART C MODEL OUTPUT REPORT, TYPE B LAYOUT (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
133	Disabled Disease HCC176	176	1	Disabled (Age<65) and CMS Ver 021 HCC 176 Complications of Specified Implanted Device or Graft
134	CANCER_IMMUNE	177	1	CANCER_IMMUNE
135	CHF_COPD	178	1	CHF_COPD
136	CHF_RENAL	179	1	CHF_RENAL
137	COPD_CARD_RESP_FAIL	180	1	COPD_CARD_RESP_FAIL
138	DIABETES_CHF	181	1	DIABETES_CHF
139	SEPSIS_CARD_RESP_FAIL	182	1	SEPSIS_CARD_RESP_FAIL
140	Medicaid	183	1	Beneficiary is entitled to Medicaid.
141	Originally Disabled	184	1	Beneficiary original Medicare entitlement was due to disability.
142	Disabled Disease HCC039	185	1	Disabled (Age<65) and CMS Ver 021 HCC 039 Bone/Joint/Muscle Infections/Necrosis
143	Disabled Disease HCC077	186	1	Disabled (Age<65) and CMS Ver 021 HCC 077 Multiple Sclerosis
144	Disabled Disease HCC085	187	1	Disabled (Age<65) and CMS Ver 021 HCC 085 Congestive Heart Failure
145	Disabled Disease HCC161	188	1	Disabled (Age<65) and CMS Ver 021 HCC 161 Chronic Ulcer of Skin, Except Pressure
146	ART_OPENINGS_PRESSURE_ULCER	189	1	ART_OPENINGS_PRESSURE_ULCER
147	ASP_SPEC_BACT_PNEUM_PRES_ULC	190	1	ASP_SPEC_BACT_PNEUM_PRES_ULC
148	COPD ASP_SPEC_BACT_PNEUM	191	1	COPD ASP_SPEC_BACT_PNEUM
149	DISABLED_PRESSURE_ULCER	192	1	DISABLED_PRESSURE_ULCER
150	SCHIZO-PHRENIA_CHF	193	1	SCHIZO-PHRENIA_CHF
151	SCHIZO-PHRENIA_COPD	194	1	SCHIZO-PHRENIA_COPD
152	SCHIZO-PHRENIA_SEIZURES	195	1	SCHIZO-PHRENIA_SEIZURES
153	SEPSIS_ARTIF_OPENINGS	196	1	SEPSIS_ARTIF_OPENINGS
154	SEPSIS ASP_SPEC_BACT_PNEUM	197	1	SEPSIS ASP_SPEC_BACT_PNEUM
155	SEPSIS_PRESSURE_ULCER	198	1	SEPSIS_PRESSURE_ULCER
156	Filler	199-200	2	Filler

TABLE D – PART C MODEL OUTPUT REPORT, TRAILER RECORD

Field #	Field Name	Position	Field Length	Field Description
1	Record Type Code	1	1	1 = Header, A = Details for old V12 PTC MOR, B = Details for new V21 PTC MOR, 3 = Trailer
2	Contract Number	2-6	5	Unique identification for a Managed Care Organization (MCO) enabling the MCO to provide coverage to eligible beneficiaries.
3	Total Record Count	7-15	9	Record count in display format.
4	Filler	16-200	185	Filler

Part D Model Output Report

TABLE E – PART D MODEL OUTPUT REPORT, HEADER RECORD

Field #	Field Name	Position	Field Length	Description
1	Record Type	1	1	Set to "1"
2	Contract Number	2 – 6	5	Unique identification for a Medicare Advantage Contract.
3	Run Date	7 – 14	8	Date when file was created, YYYYMMDD
4	Payment Year and Month	15 – 20	6	Identifies the risk adjustment payment year and month for the model run.
5	Filler	21 – 200	180	Spaces

TABLE F – PART D MODEL OUTPUT REPORT, DETAIL RECORD

Field #	Field Name	Position	Field Length	Field Description
1	Record Type Code	1	1	1 = Header, 2 = Details, 3 = Trailer
2	Health Insurance Claim Account Number	2 - 13	12	This is the Health Insurance Claim Account Number (known as HICAN) identifying the primary Medicare Beneficiary under the SSA or RRB programs. The HICAN consist of Beneficiary Claim Number (BENE_CAN_NUM) along with the Beneficiary Identification Code (BIC_CD) uniquely identifies a Medicare Beneficiary. For the RRB program, the claim account number is a 12 byte account number.
3	Beneficiary Last Name	14 - 25	12	Beneficiary Last Name
4	Beneficiary First Name	26 - 32	7	Beneficiary First Name
5	Beneficiary Initial	33	1	Beneficiary Initial
6	Date of Birth	34 - 41	8	The date of birth of the Medicare Beneficiary.
7	Sex	42	1	Represents the sex of the Medicare Beneficiary. Examples include Male and Female.
8	Social Security Number	43 - 51	9	The beneficiary's current identification number that was assigned by the Social Security Administration.
9	Age Group Female 0-34	52	1	The sex and age group for the beneficiary based on a given as of date. Female between age of 0 through 34.
10	Age Group Female35_44	53	1	The sex and age group for the beneficiary based on a given as of date. Female between age of 35 through 44.

TABLE F – PART D MODEL OUTPUT REPORT, DETAIL RECORD (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
11	Age Group Female45_54	54	1	The sex and age group for the beneficiary based on a given as of date. Female between age of 45 through 54.
12	Age Group Female55_59	55	1	The sex and age group for the beneficiary based on a given as of date. Female between age of 55 through 59.
13	Age Group Female60_64	56	1	The sex and age group for the beneficiary based on a given as of date. Female between age of 60 through 64.
14	Age Group Female65_69	57	1	The sex and age group for the beneficiary based on a given as of date. Female between age of 65 through 69.
15	Age Group Female70_74	58	1	The sex and age group for the beneficiary based on a given as of date. Female between age of 70 through 74.
16	Age Group Female75_79	59	1	The sex and age group for the beneficiary based on a given as of date. Female between age of 75 through 79.
17	Age Group Female80_84	60	1	The sex and age group for the beneficiary based on a given as of date. Female between age of 80 through 84.
18	Age Group Female85_89	61	1	The sex and age group for the beneficiary based on a given as of date. Female between age of 85 through 89.
19	Age Group Female90_94	62	1	The sex and age group for the beneficiary based on a given as of date. Female between age of 90 through 94.
20	Age Group Female95_GT	63	1	The sex and age group for the beneficiary based on a given as of date. Female between age of 95 and greater.
21	Age Group Male0_34	64	1	The sex and age group for the beneficiary based on a given as of date. Male between age of 0 through 34.
22	Age Group Male35_44	65	1	The sex and age group for the beneficiary based on a given as of date. Male between age of 35 through 44.
23	Age Group Male45_54	66	1	The sex and age group for the beneficiary based on a given as of date. Male between age of 45 through 54.
24	Age Group Male55_59	67	1	The sex and age group for the beneficiary based on a given as of date. Male between age of 55 through 59.
25	Age Group Male60_64	68	1	The sex and age group for the beneficiary based on a given as of date. Male between age of 60 through 64.
26	Age Group Male65_69	69	1	The sex and age group for the beneficiary based on a given as of date. Male between age of 65 through 69.
27	Age Group Male70_74	70	1	The sex and age group for the beneficiary based on a given as of date. Male between age of 70 through 74.
28	Age Group Male75_79	71	1	The sex and age group for the beneficiary based on a given as of date. Male between age of 75 through 79.
29	Age Group Male80_84	72	1	The sex and age group for the beneficiary based on a given as of date. Male between age of 80 through 84.
30	Age Group Male85_89	73	1	The sex and age group for the beneficiary based on a given as of date. Male between age of 85 through 89.
31	Age Group Male90_94	74	1	The sex and age group for the beneficiary based on a given as of date. Male between age of 90 through 94.
32	Age Group Male95_GT	75	1	The sex and age group for the beneficiary based on a given as of date. Male between age of 95 and greater.
33	Originally Disabled Female	76	1	Beneficiary is a female aged (age>64) and original Medicare entitlement was due to disability.
34	Originally Disabled Male	77	1	Beneficiary is a male aged (age>64) and original Medicare entitlement was due to disability.

TABLE F – PART D MODEL OUTPUT REPORT, DETAIL RECORD (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
35	Disease Coefficients RXHCC1	78	1	HIV/AIDS
36	Disease Coefficients RXHCC5	79	1	Opportunistic Infections
37	Disease Coefficients RXHCC8	80	1	Chronic Myeloid Leukemia
38	Disease Coefficients RXHCC9	81	1	Multiple Myeloma and Other Neoplastic Disorders
39	Disease Coefficients RXHCC10	82	1	Breast, Lung, and Other Cancers and Tumors
40	Disease Coefficients RXHCC11	83	1	Prostate and Other Cancers and Tumors
41	Disease Coefficients RXHCC14	84	1	Diabetes with Complications
42	Disease Coefficients RXHCC15	85	1	Diabetes without Complication
43	Disease Coefficients RXHCC18	86	1	Diabetes Insipidus and Other Endocrine and Metabolic Disorders
44	Disease Coefficients RXHCC19	87	1	Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders
45	Disease Coefficients RXHCC20	88	1	Thyroid Disorders
46	Disease Coefficients RXHCC21	89	1	Morbid Obesity
47	Disease Coefficients RXHCC23	90	1	Disorders of Lipoid Metabolism
48	Disease Coefficients RXHCC25	91	1	Chronic Viral Hepatitis
49	Disease Coefficients RXHCC30	92	1	Chronic Pancreatitis
50	Disease Coefficients RXHCC31	93	1	Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis
51	Disease Coefficients RXHCC32	94	1	Inflammatory Bowel Disease
52	Disease Coefficients RXHCC33	95	1	Esophageal Reflux and Other Disorders of Esophagus
53	Disease Coefficients RXHCC38	96	1	Aseptic Necrosis of Bone
54	Disease Coefficients RXHCC40	97	1	Psoriatic Arthropathy
55	Disease Coefficients RXHCC41	98	1	Rheumatoid Arthritis and Other Inflammatory Polyarthropathy
56	Disease Coefficients RXHCC42	99	1	Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies
57	Disease Coefficients RXHCC45	100	1	Osteoporosis, Vertebral and Pathological Fractures
58	Disease Coefficients RXHCC47	101	1	Sickle Cell Anemia

TABLE F – PART D MODEL OUTPUT REPORT, DETAIL RECORD (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
59	Disease Coefficients RXHCC48	102	1	Myelodysplastic Syndromes, Except High-Grade
60	Disease Coefficients RXHCC49	103	1	Immune Disorders
61	Disease Coefficients RXHCC50	104	1	Aplastic Anemia and Other Significant Blood Disorders
62	Disease Coefficients RXHCC54	105	1	Alzheimer's Disease
63	Disease Coefficients RXHCC55	106	1	Dementia, Except Alzheimer's Disease
64	Disease Coefficients RXHCC58	107	1	Schizophrenia
65	Disease Coefficients RXHCC59	108	1	Bipolar Disorders
66	Disease Coefficients RXHCC60	109	1	Major Depression
67	Disease Coefficients RXHCC61	110	1	Specified Anxiety, Personality, and Behavior Disorders
68	Disease Coefficients RXHCC62	111	1	Depression
69	Disease Coefficients RXHCC63	112	1	Anxiety Disorders
70	Disease Coefficients RXHCC65	113	1	Autism
71	Disease Coefficients RXHCC66	114	1	Profound or Severe Mental Retardation/Developmental Disability
72	Disease Coefficients RXHCC67	115	1	Moderate Mental Retardation/Developmental Disability
73	Disease Coefficients RXHCC68	116	1	Mild or Unspecified Mental Retardation/Developmental Disability
74	Disease Coefficients RXHCC71	117	1	Myasthenia Gravis, Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease
75	Disease Coefficients RXHCC72	118	1	Spinal Cord Disorders
76	Disease Coefficients RXHCC74	119	1	Polyneuropathy
77	Disease Coefficients RXHCC75	120	1	Multiple Sclerosis
78	Disease Coefficients RXHCC76	121	1	Parkinson's Disease
79	Disease Coefficients RXHCC78	122	1	Intractable Epilepsy
80	Disease Coefficients RXHCC79	123	1	Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy
81	Disease Coefficients RXHCC80	124	1	Convulsions
82	Disease Coefficients RXHCC81	125	1	Migraine Headaches

TABLE F – PART D MODEL OUTPUT REPORT, DETAIL RECORD (CONTINUED)

Field #	Field Name	Position	Field Length	Field Description
83	Disease Coefficients RXHCC83	126	1	Trigeminal and Postherpetic Neuralgia
84	Disease Coefficients RXHCC86	127	1	Pulmonary Hypertension and Other Pulmonary Heart Disease
85	Disease Coefficients RXHCC87	128	1	Congestive Heart Failure
86	Disease Coefficients RXHCC88	129	1	Hypertension
87	Disease Coefficients RXHCC89	130	1	Coronary Artery Disease
88	Disease Coefficients RXHCC93	131	1	Atrial Arrhythmias
89	Disease Coefficients RXHCC97	132	1	Cerebrovascular Disease, Except Hemorrhage or Aneurysm
90	Disease Coefficients RXHCC98	133	1	Spastic Hemiplegia
91	Disease Coefficients RXHCC100	134	1	Venous Thromboembolism
92	Disease Coefficients RXHCC101	135	1	Peripheral Vascular Disease
93	Disease Coefficients RXHCC103	136	1	Cystic Fibrosis
94	Disease Coefficients RXHCC104	137	1	Chronic Obstructive Pulmonary Disease and Asthma
95	Disease Coefficients RXHCC105	138	1	Pulmonary Fibrosis and Other Chronic Lung Disorders
96	Disease Coefficients RXHCC106	139	1	Gram-Negative/Staphylococcus Pneumonia and Other Lung Infections
98	Disease Coefficients RXHCC111	140	1	Diabetic Retinopathy
99	Disease Coefficients RXHCC113	141	1	Open-Angle Glaucoma
100	Disease Coefficients RXHCC120	142	1	Kidney Transplant Status
101	Disease Coefficients RXHCC121	143	1	Dialysis Status
102	Disease Coefficients RXHCC122	144	1	Chronic Kidney Disease Stage 5
103	Disease Coefficients RXHCC123	145	1	Chronic Kidney Disease Stage 4
104	Disease Coefficients RXHCC124	146	1	Chronic Kidney Disease Stage 3
105	Disease Coefficients RXHCC125	147	1	Chronic Kidney Disease Stage 1, 2, or Unspecified
106	Disease Coefficients RXHCC126	148	1	Nephritis
107	Disease Coefficients RXHCC142	149	1	Chronic Ulcer of Skin, Except Pressure

Field #	Field Name	Position	Field Length	Field Description
108	Disease Coefficients RXHCC145	150	1	Pemphigus
109	Disease Coefficients RXHCC147	151	1	Psoriasis, Except with Arthropathy
110	Disease Coefficients RXHCC156	152	1	Narcolepsy and Cataplexy
111	Disease Coefficients RXHCC166	153	1	Lung Transplant Status
112	Disease Coefficients RXHCC167	154	1	Major Organ Transplant Status, Except Lung, Kidney, and Pancreas
113	Disease Coefficients RXHCC168	155	1	Pancreas Transplant Status
114	Originally Disabled	156	1	The original reason for Medicare entitlement was due to disability.
115	NONAGED RXHCC1	157	1	Non Aged and HIV/AIDS
116	NONAGED RXHCC58	158	1	Non Aged and Schizophrenia
117	NONAGED RXHCC59	159	1	Non Aged and Bipolar Disorders
118	NONAGED RXHCC60	160	1	Non Aged and Major Depression
119	NONAGED RXHCC61	161	1	Non Aged and Specified Anxiety, Personality, and Behavior Disorders
120	NONAGED RXHCC62	162	1	Non Aged and Depression
121	NONAGED RXHCC63	163	1	Non Aged and Anxiety Disorders
122	NONAGED RXHCC65	164	1	Non Aged and Autism
123	NONAGED RXHCC75	165	1	Non Aged and Multiple Sclerosis
124	NONAGED RXHCC78	166	1	Non Aged and Intractable Epilepsy
125	NONAGED RXHCC79	167	1	Non Aged and Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy
126	NONAGED RXHCC80	168	1	Non Aged and Convulsions

TABLE G – PART D MODEL OUTPUT REPORT, TRAILER RECORD

Field #	Field Name	Position	Field Length	Field Description
1	Record Type Code	1	1	1 = Header, 2 = Details, 3 = Trailer
2	Contract Number	2 - 6	2	Unique identification for a Medicare Advantage or stand-alone PDP contract.
3	Total Record Count	7 - 15	7	Record count in display format 9(9).
4	Filler	16 - 164	149	Spaces

Monthly Membership Report

TABLE H – MONTHLY MEMBERSHIP REPORT

Field #	Field Name	Position	Length	Description
1	MCO Contract Number	1-5	5	MCO Contract Number
2	Run Date of the File	6-13	8	YYYYMMDD
3	Payment Date	14-19	6	YYYYMM
4	HIC Number	20-31	12	Member's HIC #
5	Surname	32-38	7	First seven characters of member's surname
6	First Initial	39-39	1	Member's First Initial
7	Sex	40-40	1	M = Male, F = Female
8	Date of Birth	41-48	8	YYYYMMDD
9	Age Group	49-52	4	BBEE BB = Beginning Age EE = Ending Age
10	State & County Code	53-57	5	
11	Out of Area Indicator	58-58	1	Y = Out of Contract-level service area Always Spaces on Adjustment
12	Part A Entitlement	59-59	1	Y = Entitled to Part A
13	Part B Entitlement	60-60	1	Y = Entitled to Part B
14	Hospice	61-61	1	Y = Hospice
15	ESRD	62-62	1	Y = ESRD
16	Aged/Disabled MSP	63-63	1	'Y' = aged/disabled factor applicable to beneficiary; 'N' = aged/disabled factor not applicable to beneficiary
17	Institutional	64-64	1	Y = Institutional (monthly)
18	NHC	65-65	1	Y = Nursing Home Certifiable
19	New Medicare Beneficiary Medicaid Status Flag	66-66	1	<p>1. Prior to calendar 2008, payments and payment adjustments report as follows:</p> <ul style="list-style-type: none"> • Y = Medicaid status, • blank = not Medicaid. <p>2. In calendar 2008, payments and payment adjustments were reported as follows:</p> <ul style="list-style-type: none"> • 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. <p>3. Beginning in calendar 2009:</p> <ul style="list-style-type: none"> • 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.

TABLE H – MONTHLY MEMBERSHIP REPORT (CONTINUED)

Field #	Field Name	Position	Length	Description
20	LTI Flag	67-67	1	Y = Part C Long Term Institutional
21	Medicaid Indicator	68-68	1	When: <ul style="list-style-type: none"> • A RAS-supplied factor is used in the payment, and • The Part C Default Indicator in the Payment Profile is blank, and • The Medicaid Switch present in the RAS-supplied data that corresponds to the risk factor used in payment is not blank then value is Y = Medicaid Addon (RAS beneficiaries). Otherwise the value is blank.
22	PIP-DCG	69-70	2	PIP-DCG Category - Only on pre-2004 adjustments
23	Default Risk Factor Code	71-71	1	<ul style="list-style-type: none"> • Prior to 2004, 'Y' indicates a new enrollee risk adjustment (RA) factor was in use. • In the period 2004 through 2008, 'Y' indicates that a default factor was generated by the system due to lack of a RA factor. • For 2009 and after, for payments and payment adjustments and regardless of the effective date of the adjustment, the following applies: '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, Months 4-9 '6' = Default Enrollee- ESRD Post Graft, 10+Months '7' = Default Enrollee Chronic Care SNP Blank = The beneficiary is not a default enrollee.
24	Risk Adjuster Factor A	72-78	7	NN.DDDD
25	Risk Adjuster Factor B	79-85	7	NN.DDDD
26	Number of Paymt/Adjustmt Months Part A	86-87	2	99
27	Number of Paymt/Adjustmt Months Part B	88-89	2	99
28	Adjustment Reason Code	90-91	2	FORMAT: 99 Always Spaces on Payment and MSA Deposit or Recovery Records
29	Paymt/Adjustment/MS A Start Date	92-99	8	FORMAT: YYYYMMDD
30	Paymt/Adjustment/MS A End Date	100-107	8	FORMAT: YYYYMMDD
31	Demographic Paymt/Adjustmt Rate A	108-116	9	FORMAT: -99999.99 Prior to 2008, Demographic Paymt/Adjustmt Rate A is displayed. In 2008 and beyond, Demographic Paymt/Adjustmt Rate A is displayed as 0.00.
32	Demographic Paymt/Adjustmt Rate B	117-125	9	FORMAT: -99999.99 Prior to 2008, Demographic Paymt/Adjustmt Rate B is displayed. In 2008 and beyond, Demographic Paymt/Adjustmt Rate B is displayed as 0.00.
33	Monthly Paymt/Adjustmt Amount Rate A	126-134	9	Part A portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99

TABLE H – MONTHLY MEMBERSHIP REPORT (CONTINUED)

Field #	Field Name	Position	Length	Description
34	Monthly Paymt/Adjustmt Amount Rate B	135-143	9	Part B portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
35	LIS Premium Subsidy	144-151	8	FORMAT: -9999.99
36	ESRD MSP Flag	152-152	1	As of January 2011: T = Transplant/Dialysis P = Post Graft Blank = ESRD MSP not applicable Prior to 2011: Format X. Values = 'Y' or 'N'(default) Indicates if Medicare is the Secondary Payer
37	MSA Part A Deposit/Recovery Amount	153-160	8	Medicare Savings Account (MSA) lump sum Part A dollars for deposit/recovery. Deposits are positive values; recoveries are negative. FORMAT: -9999.99
38	MSA Part B Deposit/Recovery Amount	161-168	8	Medicare Savings Account (MSA) lump sum Part B dollars for deposit/recovery. Deposits are positive values; recoveries are negative. FORMAT: -9999.99
39	MSA Deposit/Recovery Months	169-170	2	Number of months associated with MSA deposit or recovery dollars
40	Current Medicaid Status	171-171	1	Beginning in mid-2008, this field reports the beneficiary's current Medicaid status. (Prior to 11/07, Medicaid status was reported in field #19.) '1' = Beneficiary is determined as Medicaid as of current payment month minus two (CPM -2) or minus one (CPM - 1), '0' = Beneficiary was not determined as Medicaid as of current payment month minus two (CPM - 2) or minus one (CPM - 1), Blank = This is a retroactive transaction and Medicaid status is not reported. The four sources to determine Current Medicaid Status are: 1. MMA State files or Dual Medicare Table 2. Low Income Territory Table 3. Medicaid Eligibility Table (Only valid records with a Medicaid source code of "003U" and "003C" are used.) 4. Point of Sale Table
41	Risk Adjuster Age Group (RAAG)	172-175	4	BBEE BB = Beginning Age EE = Ending Age Beginning in 2011, if the risk adjuster factor is from RAS, the Risk Adjuster Age Group reported is the one used by RAS in calculating the risk factor
42	Previous Disable Ratio (PRDIB)	176-182	7	NN.DDDD Percentage of Year (in months) for Previous Disable Add-On – Only on pre-2004 adjustments
43	De Minimis	183-183	1	Prior to 2008, flag is spaces. Beginning 2008: 'N' = "de minimis" does not apply, 'Y' = "de minimis" applies.
44	Beneficiary Dual and Part D Enrollment Status Flag	184-184	1	'0' – Plan without drug benefit, beneficiary not dual enrolled '1' – Plan with drug benefit, beneficiary not dual enrolled '2' – Plan without drug benefit, beneficiary dual enrolled '3' – Plan with drug benefit, beneficiary dual enrolled.
45	Plan Benefit Package Id	185-187	3	Plan Benefit Package Id FORMAT 999

TABLE H – MONTHLY MEMBERSHIP REPORT (CONTINUED)

Field #	Field Name	Position	Length	Description
46	Race Code	188-188	1	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native
47	RA Factor Type Code	189-190	2	Type of factors in use (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) SE=New Enrollee Chronic Care SNP
48	Frailty Indicator	191-191	1	Y = MCO-level Frailty Factor Included
49	Original Reason for Entitlement Code (OREC)	192-192	1	0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability 2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD 9=None of the above
50	Lag Indicator	193-193	1	Y = Encounter data used to calculate RA factor lags payment year by 6 months
51	Segment ID	194-196	3	Identification number of the segment of the PBP. Blank if there are no segments.
52	Enrollment Source	197	1	The source of the enrollment. Values are: A = Auto-enrolled by CMS, B = Beneficiary election, C = Facilitated enrollment by CMS, D = Systematic enrollment by CMS (rollover)
53	EGHP Flag	198	1	Employer Group flag; Y = member of employer group, N = member is not in an employer group
54	Part C Basic Premium – Part A Amount	199-206	8	The premium amount for determining the MA payment attributable to Part A. It is subtracted from the MA Plan payment for Plans that bid above the benchmark. -9999.99
55	Part C Basic Premium – Part B Amount	207-214	8	The premium amount for determining the MA payment attributable to Part B. It is subtracted from the MA Plan payment for Plans that bid above the benchmark. -9999.99
56	Rebate for Part A Cost Sharing Reduction	215-222	8	The amount of the rebate allocated to reducing the member's Part A cost-sharing. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99

TABLE H – MONTHLY MEMBERSHIP REPORT (CONTINUED)

Field #	Field Name	Position	Length	Description
57	Rebate for Part B Cost Sharing Reduction	223-230	8	The amount of the rebate allocated to reducing the member's Part B cost-sharing. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
58	Rebate for Other Part A Mandatory Supplemental Benefits	231-238	8	The amount of the rebate allocated to providing Part A supplemental benefits. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
59	Rebate for Other Part B Mandatory Supplemental Benefits	239-246	8	The amount of the rebate allocated to providing Part B supplemental benefits. This amount is added to the MA Plan payment for Plans that bid below the benchmark. -9999.99
60	Rebate for Part B Premium Reduction – Part A Amount	247-254	8	The Part A amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
61	Rebate for Part B Premium Reduction – Part B Amount	255-262	8	The Part B amount of the rebate allocated to reducing the member's Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member's payments. -9999.99
62	Rebate for Part D Supplemental Benefits – Part A Amount	263–270	8	Part A Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
63	Rebate for Part D Supplemental Benefits – Part B Amount	271–278	8	Part B Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
64	Total Part A MA Payment	279–288	10	The total Part A MA payment. -999999.99
65	Total Part B MA Payment	289–298	10	The total Part B MA payment. -999999.99
66	Total MA Payment Amount	299-309	11	The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits - 9999999.99
67	Part D RA Factor	310-316	7	The member's Part D risk adjustment factor. NN.DDDD
68	Part D Low-Income Indicator	317	1	From 2006 through 2010, an indicator to identify if the Part D Low-Income multiplier is included in the Part D payment. Values are 1 (subset 1), 2 (subset 2) or blank. Beginning 2011, value 'Y' indicates the beneficiary is Low Income, value 'N' indicates the beneficiary is not Low Income for the payment/adjustment being made.
69	Part D Low-Income Multiplier	318-324	7	The member's Part D low-income multiplier. NN.DDDD For payment months 2011 and beyond, this field is zero.
70	Part D Long Term Institutional Indicator	325	1	From 2006 through 2010, an indicator to identify if the Part D Long-Term Institutional multiplier is included in the Part D payment. Values are A (aged), D (disabled) or blank. For payment months 2011 and beyond, this field is blank.
71	Part D Long Term Institutional Multiplier	326-332	7	The member's Part D institutional multiplier. NN.DDDD For payment months 2011 and beyond, this field is zero.
72	Rebate for Part D Basic Premium Reduction	333-340	8	Amount of the rebate allocated to reducing the member's basic Part D premium. -9999.99
73	Part D Basic Premium Amount	341-348	8	The Plan's Part D premium amount. -9999.99
74	Part D Direct Subsidy Monthly Payment Amount	349-358	10	The total Part D Direct subsidy payment for the member. When POS contract (X is first character of contract number), then it is total POS Direct Subsidy for the member. -999999.99

TABLE H – MONTHLY MEMBERSHIP REPORT (CONTINUED)

Field #	Field Name	Position	Length	Description
75	Reinsurance Subsidy Amount	359-368	10	The amount of the reinsurance subsidy included in the payment. -999999.99
76	Low-Income Subsidy Cost-Sharing Amount	369-378	10	The amount of the low-income subsidy cost-sharing amount included in the payment. -999999.99
77	Total Part D Payment	379-389	11	The total Part D payment for the member -9999999.99
78	Number of Paymt/Adjustmt Months Part D	390-391	2	99
79	PACE Premium Add On	392-401	10	Total Part D Pace Premium Addon amount -999999.99
80	PACE Cost Sharing Addon	402-411	10	Total Part D Pace Cost Sharing Addon amount -999999.99
81	Part C Frailty Score Factor	412-418	7	Beneficiary's Part C frailty score factor, NN.DDDD; otherwise, spaces
82	MSP Factor	419-425	7	Beneficiary's MSP secondary payor reduction factor, NN.DDDD; otherwise, spaces
83	MSP Reduction/Reduction Adjustment Amount – Part A	426-435	10	Net MSP reduction or reduction adjustment dollar amount– Part A, SSSSS\$9.99
84	MSP Reduction/Reduction Adjustment Amount – Part B	436-445	10	Net MSP reduction or reduction adjustment dollar amount – Part B, SSSSS\$9.99
85	Medicaid Dual Status Code	446-447	2	Entitlement status for the dual eligible beneficiary. The valid values when Field 40 = 1 are: 01 = Eligible is entitled to Medicare- 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 = Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB,QDWI or QI) with Medicaid coverage 09 = Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage 99=Unknown The valid value when Field 40 = 0 is: 00 = No Medicaid Status The valid value when Field 40 is blank is: Blank
86	Part D Coverage Gap Discount Amount	448-455	8	The amount of the Coverage Gap Discount Amount included in the payment. -9999.99
87	Part D RA Factor Type	456-457	2	Beginning with January 2011 payment, type of factors in use (see Field 67): D1 = Community Non-Low Income Continuing Enrollee, D2 = Community Low Income Continuing Enrollee, D3 = Institutional Continuing Enrollee, D4 = New Enrollee Community Non-Low Income Non-ESRD, D5 = New Enrollee Community Non-Low Income ESRD, D6 = New Enrollee Community Low Income Non-ESRD, D7 = New Enrollee Community Low Income ESRD, D8 = New Enrollee Institutional Non-ESRD, D9 = New Enrollee Institutional ESRD, Blank when it does not apply.

TABLE H – MONTHLY MEMBERSHIP REPORT (CONTINUED)

Field #	Field Name	Position	Length	Description
88	Default Part D Risk Factor Code	458	1	Beginning with January 2011 payment : 1=Not ESRD, Not Low Income, Not Originally Disabled, 2=Not ESRD, Not Low Income, Originally Disabled, 3=Not ESRD, Low Income, Not Originally Disabled, 4=Not ESRD, Low Income, Originally Disabled, 5= ESRD, Not Low Income, Not Originally Disabled, 6= ESRD, Low Income, Not Originally Disabled, 7= ESRD, Not Low Income, Originally Disabled, 8= ESRD, Low Income, Originally Disabled, Blank when it does not apply.
89	Part A Monthly Payment Rate	459-467	9	Beginning August 2011: Effective Part A Monthly Payment Rate Format: -99999.99
90	Part B Monthly Payment Rate	468-476	9	Beginning August 2011: Effective Part B Monthly Payment Rate Format: -99999.99
91	Part D Monthly Payment Rate	477-485	9	Beginning August 2011: Effective Part D Monthly Payment Rate Format: -99999.99
92	Cleanup ID	486-495	10	Cleanup Identifier, a reference linking to further documentation about a specific cleanup.

RAPS File Structure Summary

RT AAA – FILE HEADER (Submitter Info)

Always the first record on the file, and must be followed by Record Type (RT) BBB.

- Record ID
- Submitter ID
- File ID
- Transaction Date
- Production/Test Indicator
- File Diagnosis Type
- Filler

RT BBB – BATCH HEADER (MA Organization Info)

Must follow RT AAA or RT YYY and must be followed by RT CCC.

- Record ID
- Sequence Number
- Plan Number
- Filler

RT CCC – DETAIL RECORD (Beneficiary Info)

Must follow RT BBB or RT CCC and may be followed by another RT CCC.

- Record ID
- Sequence Number
- Sequence Error Code
- Patient Control Number (optional)
- HIC Number
- HIC Error Code
- Patient Date of Birth (optional)
- Date of Birth Error Code
- Diagnosis Cluster (10 Occurrences)
 - ▶ Provider Type
 - ▶ From Date
 - ▶ Through Date
 - ▶ Delete Indicator
 - ▶ Diagnosis Code
 - ▶ Diagnosis Cluster – Error 1
 - ▶ Diagnosis Cluster – Error 2
- Corrected HIC Number
- Filler

RT YYY – BATCH TRAILER

Must follow RT CCC and may be followed by another RT BBB or RT ZZZ.

- Record ID
- Sequence Number
- Plan Number
- CCC Record Total
- Filler

RT ZZZ – FILE TRAILER

Must follow RT YYY, and must be the last record on the file.

- Record ID
- Submitter ID
- File ID
- BBB Record Total
- Filler



RAPS File Layout

AAA Record				
FIELD NO	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'AAA'
2	SUBMITTER-ID	4 – 9	X(6)	'Shnnnn'
3	FILE-ID	10 – 19	X(10)	
4	TRANSACTION-DATE	20 – 27	9(8)	'CCYYMMDD'
5	PROD-TEST-IND	28 – 31	X(4)	'PROD' Or 'TEST' Or 'CERT'
6	FILE-DIAG-TYPE	32 – 36	X(5)	'ICD9' Or 'ICD10'
7	FILLER	37 – 512	X(476)	SPACES
BBB Record				
FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'BBB'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	PLAN-NO	11 – 15	X(5)	'Hnnnn'
4	FILLER	16 – 512	X(497)	SPACES
CCC Record				
FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'CCC'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	SEQ-ERROR-CODE	11 – 13	X(3)	SPACES
4	PATIENT-CONTROL-NO	14 – 53	X(40)	Optional
5	HIC-NO	54 – 78	X(25)	
6	HIC-ERROR-CODE	79 – 81	X(3)	SPACES
7	PATIENT-DOB	82 – 89	X(8)	'CCYYMMDD'
8	DOB-ERROR-CODE	90 – 92	X(3)	SPACES
9 – 15	DIAGNOSIS-CLUSTER (10 OCCURRENCES)	93 – 412		
9.0	PROVIDER-TYPE		X(2)	HOSPITAL IP PRINCIPAL = 01, HOSPITAL IP OTHER = 02, HOSPITAL OP = 10, PHYSICIAN = 20
9.1	FROM-DATE		9(8)	'CCYYMMDD'
9.2	THRU-DATE		9(8)	'CCYYMMDD'
9.3	DELETE-IND		X(1)	SPACE or 'D'
9.4	DIAGNOSIS-CODE		X(7)	ICD-9 or ICD-10
9.5	DIAG-CLSTR-ERROR-1		X(3)	SPACES
9.6	DIAG-CLSTR-ERROR-2		X(3)	SPACES
16	CORRECTED-HIC-NO	413 – 437	X(25)	SPACES
17	FILLER	438 - 512	X(75)	SPACES
YYY Record				
FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'YYY'
2	SEQ-NO	4 – 10	9(7)	Must begin with '0000001'
3	PLAN-NO	11 – 15	X(5)	'Hnnnn'
4	CCC-RECORD-TOTAL	16 – 22	9(7)	
5	FILLER	23 – 512	X(490)	SPACES
ZZZ Record				
FIELD NO.	FIELD NAME	POSITION	PICTURE	VALUE
1	RECORD-ID	1 – 3	X(3)	'ZZZ'
2	SUBMITTER-ID	4 – 9	X(6)	'SHnnnn'
3	FILE-ID	10 – 19	X(10)	
4	BBB-RECORD-TOTAL	20 – 26	9(7)	
5	FILLER	27 – 512	X(486)	SPACES

Model Relative Factors for Risk Adjustment Calculation Scenarios – Excerpts from Payment Announcements

Figure A – 2009 CMS-HCC Model for Community and Institutional Enrollees

Variable	Disease Group	Community Factors	Institutional Factors
Female			
0-34 Years		0.187	1.026
35-44 Years		0.206	0.884
45-54 Years		0.275	0.888
55-59 Years		0.333	0.943
60-64 Years		0.411	0.943
65-69 Years		0.299	0.971
70-74 Years		0.368	0.931
75-79 Years		0.457	0.835
80-84 Years		0.544	0.775
85-89 Years		0.637	0.704
90-94 Years		0.761	0.614
95 Years or Over		0.771	0.457
Male			
0-34 Years		0.120	1.030
35-44 Years		0.164	0.871
45-54 Years		0.217	0.871
55-59 Years		0.249	0.978
60-64 Years		0.389	1.015
65-69 Years		0.328	1.221
70-74 Years		0.413	1.154
75-79 Years		0.517	1.143
80-84 Years		0.597	1.087
85-89 Years		0.692	1.001
90-94 Years		0.834	0.932
95 Years or Over		0.980	0.743
Medicaid and Originally Disabled Interactions with Age and Sex			
Medicaid_Female_Aged		0.179	0.091
Medicaid_Female_Disabled		0.131	0.091
Medicaid_Male_Aged		0.166	0.091
Medicaid_Male_Disabled		0.077	0.091
Originally Disabled_Female		0.204	0.023
Originally Disabled_Male		0.168	0.023
Disease Coefficients		Description Label	
HCC1	HIV/AIDS	0.945	0.967
HCC2	Septicemia/Shock	0.759	0.764
HCC5	Opportunistic Infections	0.300	0.288
HCC7	Metastatic Cancer and Acute Leukemia	2.276	0.824
HCC8	Lung, Upper Digestive Tract, and Other Severe Cancers	1.053	0.470
HCC9	Lymphatic, Head and Neck, Brain, and Other Major Cancers	0.794	0.368
HCC10	Breast, Prostate, Colorectal and Other Cancers and Tumors	0.208	0.182
HCC15	Diabetes with Renal or Peripheral Circulatory Manifestation ₁	0.508	0.459
HCC16	Diabetes with Neurologic or Other Specified Manifestation ₁	0.408	0.459
HCC17	Diabetes with Acute Complications ₁	0.339	0.459

Variable	Disease Group	Community Factors	Institutional Factors
HCC18	Diabetes with Ophthalmologic or Unspecified Manifestation ₁	0.259	0.459
HCC19	Diabetes without Complication ₁	0.162	0.248
HCC21	Protein-Calorie Malnutrition	0.856	0.374
HCC25	End-Stage Liver Disease	0.978	0.654
HCC26	Cirrhosis of Liver	0.406	0.384
HCC27	Chronic Hepatitis	0.406	0.384
HCC31	Intestinal Obstruction/Perforation	0.311	0.345
HCC32	Pancreatic Disease	0.403	0.309
HCC33	Inflammatory Bowel Disease	0.241	0.205
HCC37	Bone/Joint/Muscle Infections/Necrosis	0.535	0.497
HCC38	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	0.346	0.215
HCC44	Severe Hematological Disorders	1.015	0.493
HCC45	Disorders of Immunity	0.912	0.427
HCC51	Drug/Alcohol Psychosis ₃	0.274	0.000
HCC52	Drug/Alcohol Dependence ₃	0.274	0.000
HCC54	Schizophrenia	0.524	0.351
HCC55	Major Depressive, Bipolar, and Paranoid Disorders	0.353	0.293
HCC67	Quadriplegia, Other Extensive Paralysis	1.011	0.434
HCC68	Paraplegia	0.993	0.434
HCC69	Spinal Cord Disorders/Injuries	0.558	0.225
HCC70	Muscular Dystrophy ₃	0.395	0.000
HCC71	Polyneuropathy	0.327	0.225
HCC72	Multiple Sclerosis	0.599	0.145
HCC73	Parkinson's and Huntington's Diseases	0.592	0.092
HCC74	Seizure Disorders and Convulsions	0.267	0.177
HCC75	Coma, Brain Compression/Anoxic Damage ₃	0.415	0.000
HCC77	Respirator Dependence/Tracheostomy Status	1.867	1.559
HCC78	Respiratory Arrest	1.082	1.235
HCC79	Cardio-Respiratory Failure and Shock	0.578	0.445
HCC80	Congestive Heart Failure	0.410	0.228
HCC81	Acute Myocardial Infarction	0.359	0.424
HCC82	Unstable Angina and Other Acute Ischemic Heart Disease	0.284	0.424
HCC83	Angina Pectoris/Old Myocardial Infarction	0.244	0.290
HCC92	Specified Heart Arrhythmias	0.293	0.207
HCC95	Cerebral Hemorrhage	0.324	0.179
HCC96	Ischemic or Unspecified Stroke	0.265	0.179
HCC100	Hemiplegia/Hemiparesis	0.437	0.039
HCC101	Cerebral Palsy and Other Paralytic Syndromes ₃	0.180	0.000
HCC104	Vascular Disease with Complications	0.610	0.482
HCC105	Vascular Disease	0.316	0.165
HCC107	Cystic Fibrosis	0.399	0.631
HCC108	Chronic Obstructive Pulmonary Disease	0.399	0.359
HCC111	Aspiration and Specified Bacterial Pneumonias	0.703	0.573
HCC112	Pneumococcal Pneumonia, Emphysema, Lung Abscess	0.249	0.181
HCC119	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	0.252	0.497
HCC130	Dialysis Status	1.349	1.718
HCC131	Renal Failure	0.368	0.388
HCC132	Nephritis	0.125	0.253
HCC148	Decubitus Ulcer of Skin	1.153	0.485
HCC149	Chronic Ulcer of Skin, Except Decubitus	0.449	0.241
HCC150	Extensive Third-Degree Burns ₃	1.416	0.000

Variable	Disease Group	Community Factors	Institutional Factors
HCC154	Severe Head Injury ³	0.415	0.000
HCC155	Major Head Injury ³	0.106	0.000
HCC157	Vertebral Fractures without Spinal Cord Injury	0.443	0.161
HCC158	Hip Fracture/Dislocation ³	0.429	0.000
HCC161	Traumatic Amputation	0.678	0.260
HCC164	Major Complications of Medical Care and Trauma	0.296	0.309
HCC174	Major Organ Transplant Status	0.705	0.920
HCC176	Artificial Openings for Feeding or Elimination	0.662	0.841
HCC177	Amputation Status, Lower Limb / Amputation Complications	0.678	0.260
Disabled/Disease Interactions			
D_HCC5	Disabled_Opportunistic Infections	0.623	1.016
D_HCC44	Disabled_Severe Hematological Disorders	1.036	0.362
D_HCC51	Disabled_Drug/Alcohol Psychosis	0.729	0.299
D_HCC52	Disabled_Drug/Alcohol Dependence	0.310	0.299
D_HCC107	Disabled_Cystic Fibrosis ³	1.097	-
Disease Interactions			
INT1	DM_CHF ²	0.154	0.125
INT2	DM_CVD	0.102	0.028
INT3	CHF_COPD	0.219	0.194
INT4	COPD_CVD_CAD	0.173	0.071
INT5	RF_CHF ^{2,3}	0.231	-
INT6	RF_CHF_DM ²	0.477	0.358

¹ Includes Type I or Type II Diabetes Mellitus.

² Beneficiaries with the three-way interaction RF*CHF*DM are excluded from the two-way interactions DM*CHF and RF*CHF. Thus, the three-way interaction term RF*CHF*DM is not additive to the two-way interaction terms DM*CHF and RF*CHF. Rather, it is hierarchical to, and excludes these interaction terms. A beneficiary with all three conditions is not "credited" with the two-way interactions. All other interaction terms are additive.

³ HCC or disease interaction excluded from institutional model because estimated coefficient less than 0 or t-statistic less than 1.0.

The 2007 denominator of \$7,463.14 used to calculate both the community and institutional factors is the national predicted average annual cost under the model.

DM is diabetes mellitus (HCCs 15-19).

CHF is congestive heart failure (HCC 80).

COPD is chronic obstructive pulmonary disease (HCC 108).

CVD is cerebrovascular disease (HCCs 95, 96, 100, and 101).

CAD is coronary artery disease (HCCs 81-83).

RF is renal failure (HCC 131).

SOURCE: RTI International analysis of 2004/2005 Medicare 5% sample.

SOURCE: RTI International analysis of 2004/2005 Medicare 100% institutional sample.

Figure B – 2012 CMS-HCC Model for PACE Enrollees

Variable	Disease Group	Community Factor	Institutional Factor
Female			
0-34 Years		0.198	0.783
35-44 Years		0.212	0.723
45-54 Years		0.274	0.700
55-59 Years		0.359	0.805
60-64 Years		0.416	0.773
65-69 Years		0.283	1.004
70-74 Years		0.346	0.947
75-79 Years		0.428	0.874
80-84 Years		0.517	0.792
85-89 Years		0.632	0.699
90-94 Years		0.755	0.594
95 Years or Over		0.775	0.465
Male			
0-34 Years		0.079	0.994
35-44 Years		0.119	0.658
45-54 Years		0.165	0.687
55-59 Years		0.292	0.814
60-64 Years		0.332	0.877
65-69 Years		0.309	1.148
70-74 Years		0.378	1.195
75-79 Years		0.464	1.168
80-84 Years		0.565	1.104
85-89 Years		0.647	1.046
90-94 Years		0.776	0.928
95 Years or Over		0.963	0.842
Medicaid and Originally Disabled Interactions with Age and Sex			
Medicaid_Female_Aged		0.213	
Medicaid_Female_Disabled		0.104	
Medicaid_Male_Aged		0.210	
Medicaid_Male_Disabled		0.113	
Originally Disabled_Female		0.244	
Originally Disabled_Male		0.171	
Medicaid and Originally Disabled			
Medicaid			0.126
Originally Disabled			0.026
Disease Coefficients	Description Label	Community Factor	Institutional Factor
HCC1	HIV/AIDS	0.492	1.374
HCC2	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	0.520	0.471
HCC6	Opportunistic Infections	0.557	0.541
HCC8	Metastatic Cancer and Acute Leukemia	2.425	0.928
HCC9	Lung and Other Severe Cancers	1.006	0.610
HCC10	Lymphoma and Other Cancers	0.695	0.363
HCC11	Colorectal, Bladder, and Other Cancers	0.330	0.255
HCC12	Breast, Prostate, and Other Cancers and Tumors	0.180	0.165
HCC17	Diabetes with Acute Complications	0.344	0.434
HCC18	Diabetes with Chronic Complications	0.344	0.434
HCC19	Diabetes without Complication	0.124	0.187
HCC21	Protein-Calorie Malnutrition	0.653	0.343
HCC22	Morbid Obesity	0.342	0.353
HCC23	Other Significant Endocrine and Metabolic Disorders	0.240	0.248
HCC27	End-Stage Liver Disease	1.003	0.637
HCC28	Cirrhosis of Liver	0.425	0.343

Variable	Disease Group	Community Factor	Institutional Factor
HCC29	Chronic Hepatitis	0.313	0.343
HCC33	Intestinal Obstruction/Perforation	0.337	0.302
HCC34	Chronic Pancreatitis	0.257	0.175
HCC35	Inflammatory Bowel Disease	0.279	0.250
HCC39	Bone/Joint/Muscle Infections/Necrosis	0.423	0.386
HCC40	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	0.376	0.222
HCC46	Severe Hematological Disorders	1.078	0.638
HCC47	Disorders of Immunity	0.306	0.436
HCC48	Coagulation Defects and Other Specified Hematological Disorders	0.258	0.197
HCC51	Dementia With Complications	0.616	—
HCC52	Dementia Without Complication	0.343	—
HCC54	Drug/Alcohol Psychosis	0.358	0.051
HCC55	Drug/Alcohol Dependence	0.358	0.051
HCC57	Schizophrenia	0.471	0.274
HCC58	Major Depressive, Bipolar, and Paranoid Disorders	0.318	0.274
HCC70	Quadriplegia	1.075	0.497
HCC71	Paraplegia	0.868	0.497
HCC72	Spinal Cord Disorders/Injuries	0.441	0.191
HCC73	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease	1.016	0.294
HCC74	Cerebral Palsy	0.036	—
HCC75	Polyneuropathy	0.281	0.256
HCC76	Muscular Dystrophy	0.460	0.247
HCC77	Multiple Sclerosis	0.482	—
HCC78	Parkinson's and Huntington's Diseases	0.555	0.110
HCC79	Seizure Disorders and Convulsions	0.252	0.173
HCC80	Coma, Brain Compression/Anoxic Damage	0.533	0.103
HCC82	Respirator Dependence/Tracheostomy Status	1.732	1.567
HCC83	Respiratory Arrest	0.769	0.611
HCC84	Cardio-Respiratory Failure and Shock	0.326	0.346
HCC85	Congestive Heart Failure	0.361	0.226
HCC86	Acute Myocardial Infarction	0.283	0.394
HCC87	Unstable Angina and Other Acute Ischemic Heart Disease	0.283	0.394
HCC88	Angina Pectoris	0.210	0.366
HCC96	Specified Heart Arrhythmias	0.276	0.227
HCC99	Cerebral Hemorrhage	0.371	0.175
HCC100	Ischemic or Unspecified Stroke	0.333	0.175
HCC103	Hemiplegia/Hemiparesis	0.481	0.063
HCC104	Monoplegia, Other Paralytic Syndromes	0.212	0.063
HCC106	Atherosclerosis of the Extremities with Ulceration or Gangrene	1.313	0.773
HCC107	Vascular Disease with Complications	0.417	0.257
HCC108	Vascular Disease	0.288	0.146
HCC110	Cystic Fibrosis	0.388	0.323
HCC111	Chronic Obstructive Pulmonary Disease	0.388	0.323
HCC112	Fibrosis of Lung and Other Chronic Lung Disorders	0.294	0.252
HCC114	Aspiration and Specified Bacterial Pneumonias	0.691	0.239
HCC115	Pneumococcal Pneumonia, Empyema, Lung Abscess	0.212	0.194
HCC122	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	0.223	0.366
HCC124	Exudative Macular Degeneration	0.248	0.178
HCC134	Dialysis Status	0.617	0.538
HCC135	Acute Renal Failure	0.617	0.538
HCC136	Chronic Kidney Disease, Stage 5	0.227	0.304
HCC137	Chronic Kidney Disease, Severe (Stage 4)	0.227	0.304
HCC138	Chronic Kidney Disease, Moderate (Stage 3)	0.227	0.304

Variable	Disease Group	Community Factor	Institutional Factor
HCC139	Chronic Kidney Disease, Mild or Unspecified (Stages 1-2 or Unspecified)	0.227	0.304
HCC140	Unspecified Renal Failure	0.227	0.304
HCC141	Nephritis	0.075	0.235
HCC157	Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone	1.071	0.284
HCC158	Pressure Ulcer of Skin with Full Thickness Skin Loss	1.071	0.284
HCC159	Pressure Ulcer of Skin with Partial Thickness Skin Loss	1.071	0.284
HCC160	Pressure Pre-Ulcer Skin Changes or Unspecified Stage	1.071	0.284
HCC161	Chronic Ulcer of Skin, Except Pressure	0.473	0.226
HCC162	Severe Skin Burn or Condition	0.458	—
HCC166	Severe Head Injury	0.533	0.103
HCC167	Major Head Injury	0.141	—
HCC169	Vertebral Fractures without Spinal Cord Injury	0.441	0.179
HCC170	Hip Fracture/Dislocation	0.363	—
HCC173	Traumatic Amputations and Complications	0.379	0.067
HCC176	Complications of Specified Implanted Device or Graft	0.555	0.369
HCC186	Major Organ Transplant or Replacement Status	1.032	1.120
HCC188	Artificial Openings for Feeding or Elimination	0.609	0.658
HCC189	Amputation Status, Lower Limb/Amputation Complications	0.804	0.384
Disease Interactions			
SEPSIS CARD RESP FAIL	Sepsis*Cardiorespiratory Failure	0.634	
CANCER IMMUNE	Cancer*Immune Disorders	1.101	
DIABETES CHF	Diabetes*Congestive Heart Failure	0.237	0.143
CHF COPD	Congestive Heart Failure*Chronic Obstructive Pulmonary Disease	0.255	0.159
CHF RENAL	Congestive Heart Failure*Renal Disease	0.201	
COPD CARD RESP FAIL	Chronic Obstructive Pulmonary Disease*Cardiorespiratory Failure	0.420	
CRFAIL COPD	Cardiorespiratory Failure*Chronic Obstructive Pulmonary Disease		0.524
SEPSIS PRESSURE ULCER	Sepsis*Pressure Ulcer		0.538
SEPSIS ARTIF OPENINGS	Sepsis*Artificial Openings for Feeding or Elimination		0.453
ARTIF OPENINGS PRESSURE ULCER	Artificial Openings for Feeding or Elimination*Pressure Ulcer		0.361
COPD ASP SPEC BACT PNEUM	Chronic Obstructive Pulmonary Disease*Aspiration and Specified Bacterial Pneumonias		0.249
ASP SPEC BACT PNEUM PRES ULCER	Aspiration and Specified Bacterial Pneumonias*Pressure Ulcer		0.325
SEPSIS ASP SPEC BACT PNEUM	Sepsis*Aspiration and Specified Bacterial Pneumonias		0.387
SCHIZOPHRENIA COPD	Schizophrenia*Chronic Obstructive Pulmonary Disease		0.187
SCHIZOPHRENIA CHF	Schizophrenia*Congestive Heart Failure		0.220
SCHIZOPHRENIA SEIZURES	Schizophrenia*Seizure Disorders and Convulsions		0.303
Disabled/Disease Interactions			
DISABLED HCC6	Disabled, Opportunistic Infections	0.564	
DISABLED HCC34	Disabled, Chronic Pancreatitis	0.757	
DISABLED HCC46	Disabled, Severe Hematological Disorders	0.818	
DISABLED HCC54	Disabled, Drug/Alcohol Psychosis	0.432	
DISABLED HCC55	Disabled, Drug/Alcohol Dependence	0.147	
DISABLED HCC110	Disabled, Cystic Fibrosis	2.397	
DISABLED HCC176	Disabled, Complications of Specified Implanted Device or Graft	0.495	
DISABLED HCC85	Disabled, Congestive Heart Failure		0.320
DISABLED PRESSURE ULCER	Disabled, Pressure Ulcer		0.421

Variable	Disease Group	Community Factor	Institutional Factor
DISABLED HCC161	Disabled, Chronic Ulcer of the Skin, Except Pressure Ulcer		0.337
DISABLED HCC39	Disabled, Bone/Joint Muscle Infections/Necrosis		0.624
DISABLED HCC77	Disabled, Multiple Sclerosis		0.344
DISABLED HCC6	Disabled, Opportunistic Infections		0.914

NOTES

1. The relative risk scores in this table were calculated by dividing the parameter estimates by the Part C national average predicted expenditures (CMS Part C Denominator). The Part C Denominator value used is \$8,034.71.

2. The relative factor for HCC 160 is based on pressure ulcer, any stage, for all anatomical sites codes. The relative factor for HCC 160 is also assigned to HCCs 157, 158, and 159 in the constrained regression because the ICD9 codes for the stages of pressure ulcers are not implemented until FY09.

In the —disease interactions,|| the variables are defined as follows:

Artificial Openings for Feeding or Elimination = HCC 188.

Aspiration and Specified Bacterial Pneumonias = HCC 114.

Bone/Joint/Muscle Infections/Necrosis = HCC 39.

Cancer = HCCs 8-12.

Cardiorespiratory Failure = HCCs 82-84.

Chronic Obstructive Pulmonary Disease = HCCs 110-111.

Chronic Ulcer of Skin, except Pressure = HCC 161.

Congestive Heart Failure = HCC 85.

Diabetes = HCCs 17, 18, 19.

Immune Disorders = HCC 47.

Multiple Sclerosis = HCC 77.

Opportunistic Infections = HCC 6.

Pressure Ulcer = HCCs 157-160.

Renal Disease = HCCs 134-141.

Schizophrenia = HCC 57.

Seizure Disorders and Convulsions = HCC 79.

Sepsis = HCC 2.

SOURCE: RTI International analysis of 2006/2007 Medicare 5% sample.

SOURCE: RTI International analysis of 2006/2007 Medicare 100% institutional sample.

Figure C – 2012 ESRD Model Functioning Graft Factors for Institutionalized Population

Variable	Relative Factor	
Functioning Graft Factors		
Aged 65+, with duration since transplant of 4-9 months	2.635	
Aged <65, with duration since transplant of 4-9 months	2.582	
Aged 65+, with duration since transplant of 10 months or more	1.268	
Aged <65, with duration since transplant of 10 months or more	1.170	
Female		
0-34 Years	0.783	
35-44 Years	0.723	
45-54 Years	0.700	
55-59 Years	0.805	
60-64 Years	0.773	
65-69 Years	1.004	
70-74 Years	0.947	
75-79 Years	0.874	
80-84 Years	0.792	
85-89 Years	0.699	
90-94 Years	0.594	
95 Years or Over	0.465	
Male		
0-34 Years	0.994	
35-44 Years	0.658	
45-54 Years	0.687	
55-59 Years	0.814	
60-64 Years	0.877	
65-69 Years	1.148	
70-74 Years	1.195	
75-79 Years	1.168	
80-84 Years	1.104	
85-89 Years	1.046	
90-94 Years	0.928	
95 Years or Over	0.842	
Medicaid and Originally Disabled Interactions with Age and Sex		
Medicaid	0.126	
Originally Disabled Age ≥65	0.026	
Disease Group	Description Label	Relative Factor
HCC1	HIV/AIDS	1.374
HCC2	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	0.471
HCC6	Opportunistic Infections	0.541
HCC8	Metastatic Cancer and Acute Leukemia	0.928
HCC9	Lung and Other Severe Cancers	0.610
HCC10	Lymphoma and Other Cancers	0.363
HCC11	Colorectal, Bladder, and Other Cancers	0.255
HCC12	Breast, Prostate, and Other Cancers and Tumors	0.165
HCC17	Diabetes with Acute Complications	0.434
HCC18	Diabetes with Chronic Complications	0.434
HCC19	Diabetes without Complication	0.187
HCC21	Protein-Calorie Malnutrition	0.343
HCC22	Morbid Obesity	0.353
HCC23	Other Significant Endocrine and Metabolic Disorders	0.248
HCC27	End-Stage Liver Disease	0.637
HCC28	Cirrhosis of Liver	0.343
HCC29	Chronic Hepatitis	0.343
HCC33	Intestinal Obstruction/Perforation	0.302
HCC34	Chronic Pancreatitis	0.175

Variable	Relative Factor	
HCC35	Inflammatory Bowel Disease	0.250
HCC39	Bone/Joint/Muscle Infections/Necrosis	0.386
HCC40	Rheumatoid Arthritis and Inflammatory Connective Tissue Disease	0.222
HCC46	Severe Hematological Disorders	0.638
HCC47	Disorders of Immunity	0.436
HCC48	Coagulation Defects and Other Specified Hematological Disorders	0.197
HCC51	Dementia With Complications	—
HCC52	Dementia Without Complication	—
HCC54	Drug/Alcohol Psychosis	0.051
HCC55	Drug/Alcohol Dependence	0.051
HCC57	Schizophrenia	0.274
HCC58	Major Depressive, Bipolar, and Paranoid Disorders	0.274
HCC70	Quadriplegia	0.497
HCC71	Paraplegia	0.497
HCC72	Spinal Cord Disorders/Injuries	0.191
HCC73	Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease	0.294
HCC74	Cerebral Palsy	—
HCC75	Polyneuropathy	0.256
HCC76	Muscular Dystrophy	0.247
HCC77	Multiple Sclerosis	—
HCC78	Parkinson's and Huntington's Diseases	0.110
HCC79	Seizure Disorders and Convulsions	0.173
HCC80	Coma, Brain Compression/Anoxic Damage	0.103
HCC82	Respirator Dependence/Tracheostomy Status	1.567
HCC83	Respiratory Arrest	0.611
HCC84	Cardio-Respiratory Failure and Shock	0.346
HCC85	Congestive Heart Failure	0.226
HCC86	Acute Myocardial Infarction	0.394
HCC87	Unstable Angina and Other Acute Ischemic Heart Disease	0.394
HCC88	Angina Pectoris	0.366
HCC96	Specified Heart Arrhythmias	0.227
HCC99	Cerebral Hemorrhage	0.175
HCC100	Ischemic or Unspecified Stroke	0.175
HCC103	Hemiplegia/Hemiparesis	0.063
HCC104	Monoplegia, Other Paralytic Syndromes	0.063
HCC106	Atherosclerosis of the Extremities with Ulceration or Gangrene	0.773
HCC107	Vascular Disease with Complications	0.257
HCC108	Vascular Disease	0.146
HCC110	Cystic Fibrosis	0.323
HCC111	Chronic Obstructive Pulmonary Disease	0.323
HCC112	Fibrosis of Lung and Other Chronic Lung Disorders	0.252
HCC114	Aspiration and Specified Bacterial Pneumonias	0.239
HCC115	Pneumococcal Pneumonia, Empyema, Lung Abscess	0.194
HCC122	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	0.366
HCC124	Exudative Macular Degeneration	0.178
HCC134	Dialysis Status	—
HCC135	Acute Renal Failure	—
HCC136	Chronic Kidney Disease, Stage 5	—
HCC137	Chronic Kidney Disease, Severe (Stage 4)	—
HCC138	Chronic Kidney Disease, Moderate (Stage 3)	—
HCC139	Chronic Kidney Disease, Mild or Unspecified (Stages 1-2 or Unspecified)	—
HCC140	Unspecified Renal Failure	—
HCC141	Nephritis	—
HCC157	Pressure Ulcer of Skin with Necrosis Through to Muscle, Tendon, or Bone	0.284
HCC158	Pressure Ulcer of Skin with Full Thickness Skin Loss	0.284

Variable		Relative Factor
HCC159	Pressure Ulcer of Skin with Partial Thickness Skin Loss	0.284
HCC160	Pressure Pre-Ulcer Skin Changes or Unspecified Stage	0.284
HCC161	Chronic Ulcer of Skin, Except Pressure	0.226
HCC162	Severe Skin Burn or Condition	—
HCC166	Severe Head Injury	0.103
HCC167	Major Head Injury	—
HCC169	Vertebral Fractures without Spinal Cord Injury	0.179
HCC170	Hip Fracture/Dislocation	—
HCC173	Traumatic Amputations and Complications	0.067
HCC176	Complications of Specified Implanted Device or Graft	0.668
HCC186	Major Organ Transplant or Replacement Status	0.203
HCC188	Artificial Openings for Feeding or Elimination	0.658
HCC189	Amputation Status, Lower Limb/Amputation Complications	0.384
Disease Interactions		
CHF_COPD	Congestive Heart Failure*Chronic Obstructive Pulmonary Disease	0.159
CRFAIL_COPD	Cardiorespiratory Failure*Chronic Obstructive Pulmonary Disease	0.524
SEPSIS_PRESSURE_ULCER	Sepsis*Pressure Ulcer	0.538
SEPSIS_ARTIF_OPENINGS	Sepsis*Artificial Openings for Feeding or Elimination	0.453
ARTIF_OPENINGS_PRESSURE_ULCER	Artificial Openings for Feeding or Elimination*Pressure Ulcer	0.361
DIABETES_CHF	Diabetes*Congestive Heart Failure	0.143
COPD_ASP_SPEC_BACT_PNEUM	Chronic Obstructive Pulmonary Disease*Aspiration and Specified Bacterial Pneumonias	0.249
ASP_SPEC_BACT_PNEUM_PRES_ULCER	Aspiration and Specified Bacterial Pneumonias*Pressure Ulcer	0.325
SEPSIS_ASP_SPEC_BACT_PNEUM	Sepsis*Aspiration and Specified Bacterial Pneumonias	0.387
SCHIZOPHRENIA_COPD	Schizophrenia*Chronic Obstructive Pulmonary Disease	0.187
SCHIZOPHRENIA_CHF	Schizophrenia*Congestive Heart Failure	0.220
SCHIZOPHRENIA_SEIZURES	Schizophrenia*Seizure Disorders and Convulsions	0.303
NonAged (Age <65)/Disease Interactions		
NONAGED_HCC85	NonAged, Congestive Heart Failure	0.320
NONAGED_PRESSURE_ULCER	NonAged, Pressure Ulcer	0.421
NONAGED_HCC161	NonAged, Chronic Ulcer of the Skin, Except Pressure Ulcer	0.337
NONAGED_HCC39	NonAged, Bone/Joint Muscle Infections/Necrosis	0.624
NONAGED_HCC77	NonAged, Multiple Sclerosis	0.344
NONAGED_HCC6	NonAged, Opportunistic Infections	0.914

NOTES:

1. The coefficients estimated for this model are the Functioning Graft add-on factors for being in a month after the 3 months accounted for in the Transplant segment of the ESRD system. Early months post-transplant incur higher Medicare spending than later months. The model differentiates the six months, months 4-9, from months further from the transplant period.

2. Originally disabled terms refer to people originally entitled to Medicare for reasons of disability other than ESRD.

3. The Denominator used to calculate the relative factors is \$8,034.71.

In the “Disease interactions” and “NonAged interactions”, the variables are defined as follows:

Sepsis = HCC 2.

Cardiorespiratory Failure = HCCs 82-84.

Diabetes = HCCs 17, 18, 19.

Congestive Heart Failure = HCC 85.

Chronic Obstructive Pulmonary Disease = HCCs 110-111.

Pressure Ulcer = HCCs 157-160.

Artificial Openings for Feeding or Elimination = HCC 188.

Aspiration and Specified Bacterial Pneumonias = HCC 114.

Schizophrenia = HCC 57.

Seizure Disorders and Convulsions = HCC 79.

Chronic Ulcer of Skin, except Pressure = HCC 161.

Bone/Joint/Muscle Infections/Necrosis = HCC 39.

Multiple Sclerosis = HCC 77.

Opportunistic Infections = HCC 6.

Figure D – 2013 CMS-HCC Model Relative Factors for Aged and Disabled New Enrollees

	Non-Medicaid & Non-Originally Disabled	Medicaid & Non-Originally Disabled	Non-Medicaid & Originally Disabled	Medicaid & Originally Disabled
Female				
0-34 Years	0.545	0.919	-	-
35-44 Years	0.723	1.097	-	-
45-54 Years	0.881	1.255	-	-
55-59 Years	0.957	1.331	-	-
60-64 Years	1.094	1.468	-	-
65 Years	0.504	1.085	1.108	1.689
66 Years	0.506	0.920	1.043	1.457
67 Years	0.506	0.920	1.043	1.457
68 Years	0.543	0.957	1.080	1.494
69 Years	0.569	0.983	1.106	1.520
70-74 Years	0.660	0.991	1.274	1.605
75-79 Years	0.864	1.165	1.478	1.779
80-84 Years	1.057	1.358	1.671	1.972
85-89 Years	1.264	1.565	1.878	2.179
90-94 Years	1.264	1.565	1.878	2.179
95 Years or Over	1.264	1.565	1.878	2.179
Male				
0-34 Years	0.233	0.788	-	-
35-44 Years	0.510	1.065	-	-
45-54 Years	0.754	1.309	-	-
55-59 Years	0.885	1.440	-	-
60-64 Years	0.951	1.506	-	-
65 Years	0.517	1.248	0.931	1.662
66 Years	0.532	1.135	1.083	1.686
67 Years	0.579	1.182	1.130	1.733
68 Years	0.617	1.220	1.168	1.771
69 Years	0.657	1.260	1.208	1.811
70-74 Years	0.784	1.249	1.481	1.946
75-79 Years	1.046	1.445	1.743	2.142
80-84 Years	1.249	1.648	1.946	2.345
85-89 Years	1.424	1.823	2.121	2.520
90-94 Years	1.424	1.823	2.121	2.520
95 Years or Over	1.424	1.823	2.121	2.520

NOTES:

1. For payment purposes, a new enrollee is a beneficiary who did not have 12 months of Part B eligibility in the data collection year. CMS-HCC new enrollee models are not based on diagnoses, but include factors for different age and gender combinations by Medicaid and the original reason for Medicare entitlement.
2. The 2011 denominator of \$9,004.65 used to calculate the new enrollee factors is the national predicted average annual cost under the model.



Figure E – 2013 RxHCC Model Relative Factors for Continuing Enrollees

Variable	Disease Group	Community, Non-Low Income, Age>=65	Community, Non-Low Income, Age<65	Community, Low Income, Age>=65	Community, Low Income, Age<65	Institutional
Female						
0-34 Years		-	0.211	-	0.385	1.512
35-44 Years		-	0.415	-	0.575	1.486
45-54 Years		-	0.543	-	0.662	1.425
55-59 Years		-	0.549	-	0.642	1.340
60-64 Years		-	0.563	-	0.613	1.296
65 Years		0.401	-	0.438	-	1.391
66 Years		0.401	-	0.438	-	1.391
67 Years		0.401	-	0.438	-	1.391
68 Years		0.401	-	0.438	-	1.391
69 Years		0.401	-	0.438	-	1.391
70-74 Years		0.390	-	0.435	-	1.313
75-79 Years		0.394	-	0.432	-	1.266
80-84 Years		0.404	-	0.425	-	1.218
85-89 Years		0.413	-	0.411	-	1.164
90-94 Years		0.406	-	0.383	-	1.081
95 Years or Over		0.371	-	0.307	-	0.929
Male						
0-34 Years		-	0.214	-	0.416	1.500
35-44 Years		-	0.362	-	0.544	1.512
45-54 Years		-	0.492	-	0.598	1.419
55-59 Years		-	0.503	-	0.576	1.327
60-64 Years		-	0.522	-	0.544	1.279
65 Years		0.427	-	0.369	-	1.337
66 Years		0.427	-	0.369	-	1.337
67 Years		0.427	-	0.369	-	1.337
68 Years		0.427	-	0.369	-	1.337
69 Years		0.427	-	0.369	-	1.337
70-74 Years		0.418	-	0.374	-	1.295
75-79 Years		0.406	-	0.369	-	1.263
80-84 Years		0.402	-	0.367	-	1.240
85-89 Years		0.396	-	0.360	-	1.216
90-94 Years		0.419	-	0.373	-	1.166
95 Years or Over		0.423	-	0.365	-	1.073



Variable	Disease Group	Community, Non-Low Income, Age>=65	Community, Non-Low Income, Age<65	Community, Low Income, Age>=65	Community, Low Income, Age<65	Institutional
Originally Disabled Interactions with Sex						
Originally Disabled		-	-	-	-	0.023
Originally Disabled_Female		0.070	-	0.106	-	-
Originally Disabled_Female_Age 65		-	-	-	-	-
Originally Disabled_Female_Age 66-69		-	-	-	-	-
Originally Disabled_Female_Age 70-74		-	-	-	-	-
Originally Disabled_Female_Age 75+		-	-	-	-	-
Originally Disabled_Male		0.010	-	0.095	-	-
Originally Disabled_Male_Age 65		-	-	-	-	-
Originally Disabled_Male_Age 66-69		-	-	-	-	-
Originally Disabled_Male_Age 70-74		-	-	-	-	-
Originally Disabled_Male_Age 75+		-	-	-	-	-

Disease Coefficients	Description Label	Community, Non-Low Income, Age>=65	Community, Non-Low Income, Age<65	Community, Low Income, Age>=65	Community, Low Income, Age<65	Institutional
RXHCC1	HIV/AIDS	1.769	2.351	2.135	2.546	0.929
RXHCC5	Opportunistic Infections	0.110	0.128	0.087	0.178	0.085
RXHCC8	Chronic Myeloid Leukemia	1.965	2.118	2.383	2.842	1.168
RXHCC9	Multiple Myeloma and Other Neoplastic Disorders	1.259	1.522	1.134	1.357	0.619
RXHCC10	Breast, Lung, and Other Cancers and Tumors	0.216	0.212	0.249	0.258	0.105
RXHCC11	Prostate and Other Cancers and Tumors	0.031	0.057	0.106	0.056	0.080
RXHCC14	Diabetes with Complications	0.266	0.191	0.293	0.289	0.175
RXHCC15	Diabetes without Complication	0.187	0.153	0.225	0.236	0.125
RXHCC18	Diabetes Insipidus and Other Endocrine and Metabolic Disorders	0.297	0.764	0.246	0.661	0.110
RXHCC19	Pituitary, Adrenal Gland, and Other Endocrine and Metabolic Disorders	0.048	0.061	0.018	0.054	0.058
RXHCC20	Thyroid Disorders	0.038	0.097	0.048	0.101	0.036
RXHCC21	Morbid Obesity	0.044	-	0.032	0.042	0.056
RXHCC23	Disorders of Lipoid Metabolism	0.104	0.119	0.128	0.165	0.060
RXHCC25	Chronic Viral Hepatitis	0.075	-	0.224	0.106	-
RXHCC30	Chronic Pancreatitis	0.105	0.137	0.041	0.075	0.035
RXHCC31	Pancreatic Disorders and Intestinal Malabsorption, Except Pancreatitis	0.039	0.050	0.032	0.075	0.035



Disease Coefficients	Description Label	Community, Non-Low Income, Age>=65	Community, Non-Low Income, Age<65	Community, Low Income, Age>=65	Community, Low Income, Age<65	Institutional
RXHCC32	Inflammatory Bowel Disease	0.290	0.237	0.200	0.343	0.066
RXHCC33	Esophageal Reflux and Other Disorders of Esophagus	0.134	0.113	0.158	0.166	0.064
RXHCC38	Aseptic Necrosis of Bone	0.059	0.187	0.053	0.200	0.096
RXHCC40	Psoriatic Arthropathy	0.329	0.429	0.600	1.057	0.423
RXHCC41	Rheumatoid Arthritis and Other Inflammatory Polyarthropathy	0.172	0.248	0.209	0.396	0.083
RXHCC42	Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	0.137	0.248	0.176	0.273	0.083
RXHCC45	Osteoporosis, Vertebral and Pathological Fractures	0.059	0.145	0.113	0.159	0.022
RXHCC47	Sickle Cell Anemia	0.040	0.142	0.048	0.501	0.142
RXHCC48	Myelodysplastic Syndromes, Except High-Grade	0.243	0.430	0.278	0.292	0.386
RXHCC49	Immune Disorders	0.172	0.158	0.203	0.219	0.141
RXHCC50	Aplastic Anemia and Other Significant Blood Disorders	0.040	0.042	0.048	0.107	0.044
RXHCC54	Alzheimer`s Disease	0.499	0.310	0.312	0.188	0.025
RXHCC55	Dementia, Except Alzheimer`s Disease	0.274	0.103	0.140	0.036	-
RXHCC58	Schizophrenia	0.385	0.521	0.590	0.875	0.314
RXHCC59	Bipolar Disorders	0.333	0.401	0.399	0.610	0.279
RXHCC60	Major Depression	0.261	0.323	0.311	0.408	0.193
RXHCC61	Specified Anxiety, Personality, and Behavior Disorders	0.159	0.213	0.206	0.407	0.153
RXHCC62	Depression	0.132	0.164	0.135	0.218	0.109
RXHCC63	Anxiety Disorders	0.053	0.123	0.070	0.168	0.093
RXHCC65	Autism	0.159	0.281	0.444	0.556	0.153
RXHCC66	Profound or Severe Mental Retardation/Developmental Disability	0.025	0.281	0.444	0.324	-
RXHCC67	Moderate Mental Retardation/Developmental Disability	0.018	0.162	0.317	0.241	-
RXHCC68	Mild or Unspecified Mental Retardation/Developmental Disability	-	0.013	0.168	0.103	-
RXHCC71	Myasthenia Gravis, Amyotrophic Lateral Sclerosis and Other Motor Neuron Disease	0.177	0.308	0.189	0.358	0.048
RXHCC72	Spinal Cord Disorders	0.078	0.141	0.044	0.071	-
RXHCC74	Polyneuropathy	0.084	0.189	0.081	0.186	0.059



Disease Coefficients	Description Label	Community, Non-Low Income, Age>=65	Community, Non-Low Income, Age<65	Community, Low Income, Age>=65	Community, Low Income, Age<65	Institutional
RXHCC75	Multiple Sclerosis	0.568	0.932	0.627	1.526	0.176
RXHCC76	Parkinson's Disease	0.417	0.483	0.277	0.246	0.149
RXHCC78	Intractable Epilepsy	0.317	0.590	0.261	0.733	0.102
RXHCC79	Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy	0.186	0.226	0.118	0.268	0.050
RXHCC80	Convulsions	0.093	0.101	0.069	0.180	0.022
RXHCC81	Migraine Headaches	0.127	0.228	0.121	0.186	0.112
RXHCC83	Trigeminal and Postherpetic Neuralgia	0.082	0.144	0.107	0.158	0.090
RXHCC86	Pulmonary Hypertension and Other Pulmonary Heart Disease	0.251	0.429	0.271	0.392	0.112
RXHCC87	Congestive Heart Failure	0.163	0.074	0.224	0.097	0.095
RXHCC88	Hypertension	0.155	0.072	0.202	0.091	0.060
RXHCC89	Coronary Artery Disease	0.155	0.082	0.142	0.055	0.017
RXHCC93	Atrial Arrhythmias	0.055	0.045	0.015	-	-
RXHCC97	Cerebrovascular Disease, Except Hemorrhage or Aneurysm	0.069	0.009	0.054	-	-
RXHCC98	Spastic Hemiplegia	0.135	0.239	0.049	0.151	0.016
RXHCC100	Venous Thromboembolism	-	0.044	-	0.080	-
RXHCC101	Peripheral Vascular Disease	0.058	0.048	0.098	0.062	-
RXHCC103	Cystic Fibrosis	0.215	0.758	0.236	1.401	0.153
RXHCC104	Chronic Obstructive Pulmonary Disease and Asthma	0.215	0.134	0.236	0.210	0.115
RXHCC105	Pulmonary Fibrosis and Other Chronic Lung Disorders	0.132	0.134	0.110	0.210	0.041
RXHCC106	Gram-Negative/Staphylococcus Pneumonia and Other Lung Infections	-	0.072	-	0.038	0.037
RXHCC111	Diabetic Retinopathy	0.106	0.077	0.085	0.044	0.040
RXHCC113	Open-Angle Glaucoma	0.164	0.124	0.177	0.142	0.117
RXHCC120	Kidney Transplant Status	0.268	0.246	0.346	0.506	0.346
RXHCC121	Dialysis Status	0.220	0.246	0.301	0.506	0.240
RXHCC122	Chronic Kidney Disease Stage 5	0.123	0.157	0.137	0.173	0.122
RXHCC123	Chronic Kidney Disease Stage 4	0.123	0.157	0.137	0.173	0.122
RXHCC124	Chronic Kidney Disease Stage 3	0.099	0.157	0.107	0.173	0.072
RXHCC125	Chronic Kidney Disease Stage 1, 2, or Unspecified	0.034	0.047	0.031	0.062	0.039
RXHCC126	Nephritis	0.034	0.020	0.031	0.062	0.018



Disease Coefficients	Description Label	Community, Non-Low Income, Age>=65	Community, Non-Low Income, Age<65	Community, Low Income, Age>=65	Community, Low Income, Age<65	Institutional
RXHCC142	Chronic Ulcer of Skin, Except Pressure	0.040	0.066	0.025	0.053	-
RXHCC145	Pemphigus	0.108	0.172	0.181	0.263	-
RXHCC147	Psoriasis, Except with Arthropathy	0.106	0.158	0.198	0.292	0.131
RXHCC156	Narcolepsy and Cataplexy	0.269	0.419	0.356	0.516	0.091
RXHCC166	Lung Transplant Status	0.984	0.735	0.900	1.175	0.336
RXHCC167	Major Organ Transplant Status, Except Lung, Kidney, and Pancreas	0.482	0.269	0.436	0.399	0.149
RXHCC168	Pancreas Transplant Status	0.268	0.246	0.346	0.298	0.149
Non-Aged Disease Interactions						
NonAged_RXHCC1	HIV/AIDS	-	-	-	-	1.222
NonAged_RXHCC58	Schizophrenia	-	-	-	-	0.341
NonAged_RXHCC59	Bipolar Disorders	-	-	-	-	0.199
NonAged_RXHCC60	Major Depression	-	-	-	-	0.126
NonAged_RXHCC61	Specified Anxiety, Personality, and Behavior Disorders	-	-	-	-	0.084
NonAged_RXHCC62	Depression	-	-	-	-	0.055
NonAged_RXHCC63	Anxiety Disorders	-	-	-	-	0.037
NonAged_RXHCC65	Autism	-	-	-	-	0.084
NonAged_RXHCC75	Multiple Sclerosis	-	-	-	-	0.578
NonAged_RXHCC78	Intractable Epilepsy	-	-	-	-	0.032
NonAged_RXHCC79	Epilepsy and Other Seizure Disorders, Except Intractable Epilepsy	-	-	-	-	-
NonAged_RXHCC80	Convulsions	-	-	-	-	-

Note:

The 2010 denominator of \$1,152.85 used to calculate the 2013 RxHCC model factors is the national predicted average annual cost under the model.