

Frequently Asked Questions

2012 Part C Model Output Report (MOR)

Question 1: What information does the MOR contain?

Answer: The MOR file contains a series of flags indicating which demographic factors (age, sex and entitlements for Medicaid and disability) and disease factors (HCCs and disease interactions) are used to calculate the risk score for each non-hospice beneficiary enrolled in the plan.

Plans receive separate MOR files for the Part C (CMS-HCC) and Part D (RxHCC) risk adjustment models.

The flat file layouts and sample formatted MOR reports are located in the Medicare Advantage and Prescription Drug Plans – Plan Communications User Guide Appendices at:

http://www.cms.gov/MAPDHelpDesk/02_Plan_Communications_User_Guide.asp#TopOfPage.

Question 2: How often is the MOR updated?

Answer: The MOR HCC indicators are updated after each model run is completed by the Risk Adjustment System (RAS):

- The initial model run produces a monthly MOR for January – June payment months.
- The mid-year model run produces a monthly MOR for July – December payments months.
- The final MOR states the final risk adjustment HCC indicators used to determine the final risk scores for the previous payment year.

Since the MOR HCC indicators are only updated after each model run, the demographic and disease factors remain the same for each beneficiary on the MOR until the next model run is performed. The only beneficiary information that can change on a monthly basis is:

- The beneficiary's HICN
- The contract the beneficiary is enrolled in
- The data reported in the detail record depending on the beneficiary's enrollment (i.e., if the beneficiary enrollment changes from PACE to non-PACE)

Question 3: Why are there two detailed record types on the 2012 Part C MOR?

Answer: The Part C MOR has two detailed record types to reflect each Part C risk adjustment model.

Record Type	Risk Adjustment Model	Payment Use
Detailed record type A	Version 12 CMS-HCC risk adjustment model	Used in payment for aged and disabled beneficiaries who are non-ESRD, and are enrolled in MA plans
Detailed record type B	Version 21 CMS-HCC and Version 21 ESRD-HCC risk adjustment models	Used in payment for either Medicare beneficiaries who: <ul style="list-style-type: none"> • are ESRD status, enrolled in either an MA plan or a PACE organization • are enrolled in PACE organizations

Note: The Version 21 CMS-HCC and ESRD-HCC models share the same HCCs.

Question 4: What is reflected on the Part C MOR for each beneficiary?

In addition to indicating which HCC factors are used to calculate a beneficiary’s risk score, the MOR record type B also contains a flag to indicate whether the beneficiary’s risk score was an ESRD risk score.

Example:

Beneficiary Identifier	Plan Type	RAS ESRD Indicator Switch (Field 9)	Record Type (Field 1)
Beneficiary 1	MA plan	Y	B
Beneficiary 2	PACE	N	B
Beneficiary 3	MA plan	N	A
Beneficiary 4	PACE	Y	B

Beneficiary 1 is in ESRD status and is enrolled in an MA plan. Their risk score is calculated using the Version 21 ESRD-HCC model and their information would only appear on the detailed record type B with RAS ESRD Indicator Switch (field 9) populated with “Y”.

Beneficiary 2 is not ESRD, and is enrolled in a PACE organization. Their risk score is calculated using the Version 21 CMS-HCC model and their information would only appear on the detailed record type B with RAS ESRD Indicator Switch (field 9) populated with “N”.

Beneficiary 3 is not ESRD and is enrolled in an MA plan. Their risk score is calculated using the Version 12 CMS-HCC model and would only appear on the detailed record type A.

Beneficiary 4 is in ESRD status and is enrolled in a PACE organization. Their risk score is calculated using the Version 21 ESRD-HCC model and would only appear on the detailed record type B with RAS ESRD Indicator Switch (field 9) populated with “Y”.

Question 5: Will all enrolled beneficiaries appear on both record type A (Version 12) and record type B (Version 21)?

Answer: No, each enrolled beneficiary will appear once on either record type A (Version 12) or record type B (Version 21), depending on whether the beneficiary was ESRD status in the applicable model run or enrolled in PACE. A beneficiary will be reported on record type A if he was not ESRD status in the model run and is not enrolled in PACE.

A beneficiary will be reported on record type B if he is ESRD or enrolled in PACE. Typically, once a beneficiary is determined to be ESRD in a model run, they will remain ESRD for all subsequent model runs, unless the ESRD status is updated.

Question 6: What happens if a beneficiary was non-ESRD during the first part of the year but entered ESRD later on in the year? Will the Final MOR populate both record types?

Answer: Starting with the 2012 Initial Model run, if a beneficiary is non-ESRD at the time the Initial Model run is performed, the beneficiary will be reported as non-ESRD on MORs sent to plans in January – June. If such a beneficiary enters ESRD status before the next model run, payment will be made using a default ESRD risk score, which is based on demographic information only. At the next model run, an ESRD risk score will be calculated for the beneficiary and the MOR will reflect the use of the ESRD model in record type B for prospective payments only; the MOR does not reflect retroactive ESRD status.

If a beneficiary is ESRD at the time the Midyear model is performed, the beneficiary will be reported as ESRD on the July – December MORs, even though the payment for previous months will be retroactively adjusted to reflect the appropriate ESRD risk score.

If a beneficiary is ESRD at the time the Final Model run is performed, the beneficiary will be reported as ESRD on the Final MOR. If the beneficiary is non-ESRD at the time the Final Model run is performed, the beneficiary will be reported as non-ESRD on the Final MOR.

The ESRD status of a beneficiary, as reported on the MOR, can only change in a model run. To assess the ESRD status of a beneficiary used for purposes of payment in a specific month, the plan should refer to the MMR (Monthly Membership Report).

Question 7: When will the new 2012 Part C MOR be seen by the plans?

Answer: The first Part C MOR in the new format will be seen by the plans in December 2011 with the MMR. The MOR sent to plans in December 2011 will reflect the HCC indicators applicable for the beneficiary as of January 1, 2012.

Question 8: What dates of service are the HCC indicators in the MOR based on?

Answer: The MOR plans will receive for January 2012 – June 2012 will reflect diagnoses from dates of service July 1, 2010 – June 30, 2011, with run out through September 2, 2011. The MOR plans will receive for July 2012 – December 2012 will reflect diagnoses from dates of service January 1, 2011 – December 31, 2011, with run out through March 2, 2012. A final MOR will be sent to plans when 2012 plan payments are reconciled in August 2013. This final MOR will reflect diagnoses from dates of service January 1, 2011 – December 31, 2011, with run out through January 31, 2013.

Question 9: As plans move to encounter data, will the MOR be replaced? If so, what will replace these files?

Answer: The RAPS data will continue to be the source of MAO diagnosis data for the risk adjustment model runs through 2012. Regardless of the source of MAO diagnoses, the MOR will continue to be an appropriate report for plans to use.

CMS is currently developing reports to support the encounter data process, and will make plans aware of those reports soon.