

# Risk Score Calculation

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November 28, 2018



# Purpose

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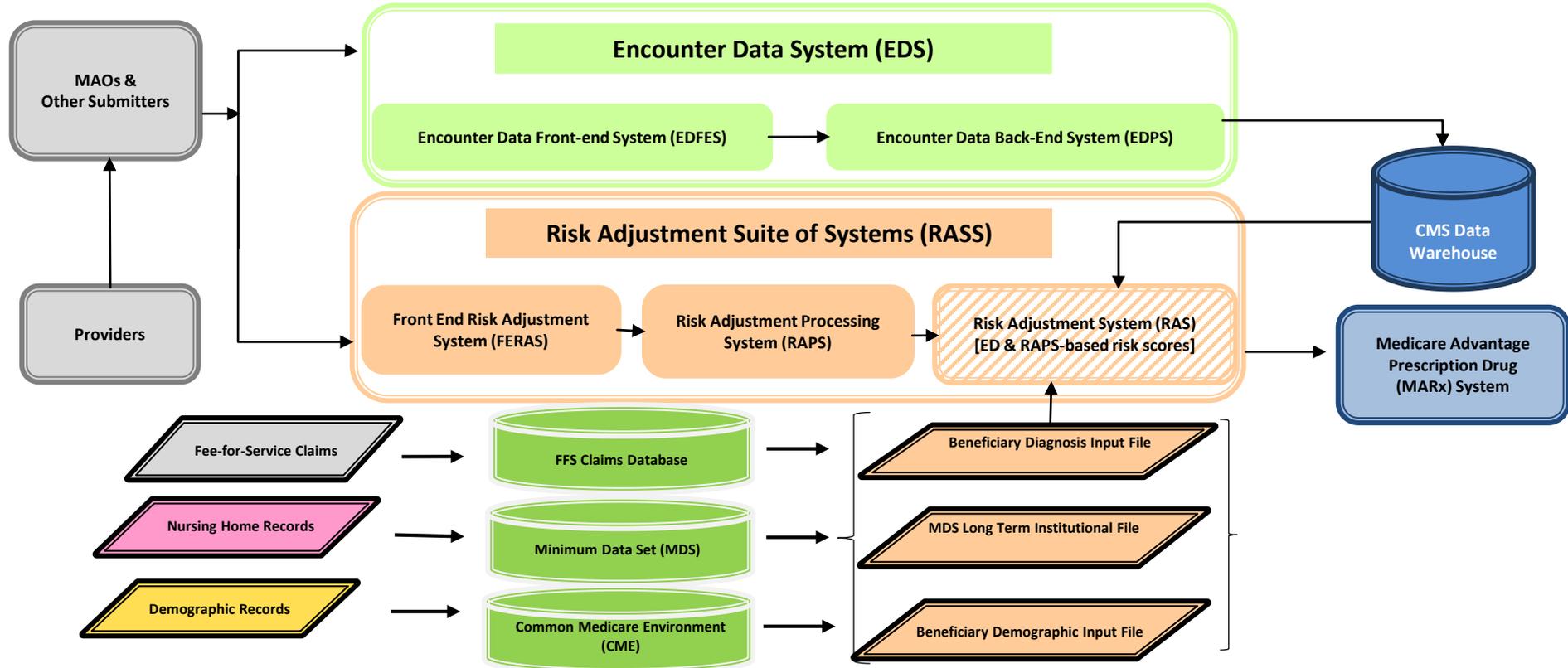
- Demonstrate how CMS performs risk score calculations using examples with different beneficiary characteristics and payment years

# Learning Objectives

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- Describe the sources and flow of risk adjustment data
- Identify demographic and diagnostic information used for risk score calculation from reports
- Calculate risk scores

# Risk Adjustment Data Processing Flow



## Part C Risk Score Calculation Process Checklist

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1. Retrieve reports:
  - Monthly Membership Report (MMR)
  - Model Output Report (MOR)
2. Identify demographic and disease information for each beneficiary
3. Identify relative factors in the risk adjustment model based on demographics and disease information
4. Use relative factors to calculate risk scores

## Demographic Data & Statuses for Risk Score Calculation

- Age
- Gender (Sex)
- Original Reason for Entitlement Code (OREC)
- Medicaid Dual Status – used to determine community model segment for risk score calculation
- Long Term Institutional Status
  - Medicaid Status
- Frailty

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# SCENARIO #1

# Scenario 1: Calculate Part C Risk Score

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- You are an analyst at an MAO and need to calculate the risk score for Mr. Eggers, who has the following characteristics:
  - Age = 83
  - Gender = M
  - Payment Date = 201907
  - Not LTI
  - Not originally eligible for disability
  - Full dual eligible
  - Not eligible for frailty adjustment
- CMS provides the MMR and MOR for your contract that contains this beneficiary's information to assist you in your calculations

# Demographic Information on the MMR

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- Risk Adjustment Age Group (RAAG): Field 40
  - The field includes a Beginning Age (BB) and Ending Age (EE)
- Beneficiary's Gender Code: Field 7
  - M = Male
  - F = Female
- For Mr. Eggers:
  - RAAG = 80-84
  - Gender = M
  - Payment Date = 201907

# Status Indicators on the MMR

- Institutional LTI Indicator: Field 20
  - Y = Part C LTI
  - Space = Not LTI
- Medicaid – Field 39
  - 1 = Beneficiary is determined to be full or partial Medicaid
  - 0 = Beneficiary is not Medicaid
  - Space = This is a retroactive adjustment for a month prior to January 2017
- Frailty Indicator: Field 47
  - Y = Frailty Factor included
  - N = No Frailty Factor
- OREC: Field 48
  - 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

# Medicaid Dual Status Code on MMR

## Field 84

00 = No Medicaid status

01 = Eligible – entitled to Medicare – QMB only (Partial Dual)

02 = Eligible – entitled to Medicare – QMB AND Medicaid coverage (Full Dual)

03 = Eligible – entitled to Medicare – SLMB only (Partial Dual)

04 = Eligible – entitled to Medicare – SLMB AND Medicaid coverage (Full Dual)

05 = Eligible – entitled to Medicare – QDWI (Partial Dual)

06 = Eligible – entitled to Medicare – Qualifying individuals (Partial Dual)

08 = Eligible – entitled to Medicare – Other Dual Eligibles (Non QMB, SLMB, QDWI, or QI) with Medicaid coverage (Full Dual)

09 = Eligible – entitled to Medicare – Other Dual Eligibles but without Medicaid coverage (Non-Dual)

10 = Other Full Dual

99 = Unknown

# RAFT Codes and Default Risk Factor Codes

- Both appear on the MMR Data File
  - Risk Adjustment Factor Type (RAFT) codes (Field 46) describe the model and segment used to calculate a beneficiary's risk score
  - Default factor codes (Field 23) used when a RAFT code is not assigned
- Mr. Eggers:
  - RAFT code = CF (Community, Full Dual)
  - Default factor code = <space>

# RAFT Codes on MMR

C = Community (Adjustments before 2017; PACE only beginning 1/2017)

C1 = Community Post-Graft I (ESRD)

C2 = Community Post-Graft II (ESRD)

CF = Community Full Dual

CP = Community Partial Dual

CN = Community Non-Dual

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

PA = PACE Dialysis Factor

PB = PACE New Enrollee Dialysis Factor

PC = PACE Community Post Graft 4-9

PD = PACE Institutional Post Graft 4-9

PE = PACE New Enrollee Post Graft 4-9

PF = PACE Community Post Graft 10+

PG = PACE Institutional Post Graft

PH = PACE New Enrollee Post Graft 10+

# Default Factor Codes on MMR

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- 1 = Default Enrollee – Aged/Disabled
- 2 = Default Enrollee – ESRD Dialysis
- 3 = Default Enrollee – ESRD Kidney Transplant – Month 1
- 4 = Default Enrollee – ESRD Kidney Transplant – 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

***Space = The beneficiary is not a default enrollee***

# Frailty Factor/Frailty Score on MMR

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- Mr. Eggers Frailty Indicator = N (no frailty)
  - If the Frailty Indicator had been Y, then the Frailty Score Factor would appear in Field 80 to be used in the calculation

# Scenario #1 Eggers – Demographic/Model Indicators

MMR Field #	Demographic/Model Indicator	Value
7	Gender	M
20	Part C LTI	<SPACE>
23	Default Factor Code	<SPACE>
39	Medicaid	1
40	Age	80-84
46	RAFT Code	CF
47	Frailty Indicator	N
48	OREC	0
84	Medicaid Dual Status	2

\*The Payment Date = 201907 and is located in the MMR Detail Report Header Record in Field 3

# Determining Disease Component of Risk Score: HCC Relative Factors and Interactions

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- Hierarchical Condition Categories (HCCs)
- Hierarchies
- Interactions
- Functioning Graft Factors (if applicable)

# Disease Coefficients for Eggers Scenario #1

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1RUN DATE: 20190610                                RISK ADJUSTMENT MODEL OUTPUT REPORT
PAYMENT MONTH: 201907                              PLAN: H9999 SAMPLE MOR Report
0              LAST              FIRST
HIC           NAME              NAME              I
-----
999456789A   Eggers             Beneficiary      0
V22 HCC DISEASE GROUPS:  HCC019 Diabetes without Complication
                        HCC111 Chronic Obstructive Pulmonary Disease
  
```

\*This MOR excerpt was created for this example and does not refer to an actual beneficiary

# Mr. Eggers Scenario #1 – HCCs and Model

HCCs from MOR:	19, 111
Payment Year:	2019
Risk Adjustment Model:	2017 CMS-HCC Model

# Risk Score Calculation Overview

## Risk Adjustment Model Variables and Adjustments

<p>Demographic Variables</p> <ul style="list-style-type: none"><li>• Age / Sex</li><li>• Originally Disabled</li></ul>	<p>There are relative factors associated with each demographic variable.</p>
<p>Disease Variables</p> <ul style="list-style-type: none"><li>• Disease Hierarchical Condition Categories (HCC)</li><li>• Disease / Disabled Interactions</li></ul>	<p>CMS uses diagnoses submitted by plans to assign HCCs and interactions for each beneficiary. There are relative factors associated with each HCC and interaction.</p>
<p><i>Sum of Factors</i> <i>Demographic + Disease = raw risk score</i></p>	<p>The relative factors for all of the demographic variables, HCCs, and interactions are added together. The result is the raw risk score.</p>

# Risk Score Calculation Overview (cont.)

## Adjustments Applied to the Raw Risk Score

Normalization	<ul style="list-style-type: none"><li>• Adjusts for the growth in risk scores between the denominator year and the payment year</li><li>• Keeps the average risk score = 1.0</li></ul>
MA Coding Pattern Adjustment	<ul style="list-style-type: none"><li>• Accounts for differential in coding patterns between MA and FFS</li></ul>

***Risk score =***

***[(raw risk score) / (normalization factor)] X (1 – coding adjustment factor)***

# Adjustments to Risk Scores

2019 Normalization Factors	
Model	Factor
2019 CMS-HCC Model (without count variable)	1.038
2017 CMS-HCC Model	1.041
PACE Model	1.159
ESRD Dialysis Model	1.033
ESRD Functioning Graft Model	1.048
RxHCC Model (2018 RxHCC Model)	1.019

## 2019 MA Coding Pattern Adjustment

MA Coding Pattern Adjustment = 5.90%

# Part C Risk Score Calculation for PY 2019

For PY 2019, risk scores will be calculated independently and then blended at 75%/25%:

- **Portion of risk score based on RAPS & FFS data using the 2017 CMS-HCC model: 75%**  
[[raw risk score from RAPS + FFS diagnoses) / (PY 2019 normalization factor for 2017 model)] X (1 – PY 2019 coding adjustment factor) X 75% = portion of the risk score from RAPS & FFS
- **Portion of risk score based on ED, RAPS inpatient records & FFS data using the 2019 CMS-HCC model (i.e., updated CMS-HCC model without count variables): 25%**  
[[raw risk score from ED + RAPS inpatient records + FFS diagnoses) / (PY 2019 normalization factor for 2019 model)] X (1 – PY 2019 coding adjustment factor) X 25% = portion of the risk score from ED & FFS
- **Blended risk score = 2017 CMS-HCC model (RAPS & FFS data) portion of the risk score + 2019 CMS-HCC model (ED, RAPS inpatient, and FFS data) portion of the risk score**

# Mr. Eggers Scenario #1 – Model Factors

	2017 CMS-HCC Model	2019 CMS-HCC Model
Normalization Factor:	1.041	1.038
Coding Intensity Factor:	0.059	0.059
Frailty Factor:	0	0

# 2017 Demographic Coefficients for Mr. Eggers Scenario #1

- Age/Sex factor
- Medicaid Dual Status
- Disability

## 2017 CMS-HCC Model

Variable	Description Label	Community, NonDual, Aged	Community, NonDual, Disabled	Community, FBDual, Aged	Community, FBDual, Disabled	Community, PBDual, Aged	Community, PBDual, Disabled	Institutional
<b>Male</b>								
0-34 Years		-	0.155	-	0.225	-	0.330	1.049
35-44 Years		-	0.190	-	0.204	-	0.267	1.074
45-54 Years		-	0.221	-	0.281	-	0.300	1.008
55-59 Years		-	0.271	-	0.372	-	0.307	1.055
60-64 Years		-	0.303	-	0.486	-	0.343	1.039
65-69 Years		0.300	-	0.492	-	0.334	-	1.269
70-74 Years		0.379	-	0.582	-	0.409	-	1.323
75-79 Years		0.466	-	0.692	-	0.491	-	1.331
80-84 Years		0.561	-	0.816	-	0.546	-	1.189
85-89 Years		0.694	-	1.009	-	0.679	-	1.129
<b>80-84 Years</b>		<b>0.561</b>	<b>-</b>	<b>0.816</b>	<b>-</b>	<b>0.546</b>	<b>-</b>	<b>1.189</b>

# 2019 Demographic Coefficients for Mr. Eggers Scenario #1

- Age/Sex factor
- Medicaid Dual Status
- Disability

## 2019 CMS-HCC Model

Variable	Description Label	Community, NonDual, Aged	Community, NonDual, Disabled	Community, FBDual, Aged	Community, FBDual, Disabled	Community, PBDual, Aged	Community, PBDual, Disabled	Institutional
<b>Male</b>								
0-34 Years		-	0.143	-	0.220	-	0.367	1.098
35-44 Years		-	0.184	-	0.209	-	0.258	0.999
45-54 Years		-	0.226	-	0.280	-	0.288	0.961
55-59 Years		-	0.272	-	0.374	-	0.317	1.014
60-64 Years		-	0.315	-	0.499	-	0.349	1.058
65-69 Years		0.301	-	0.478	-	0.358	-	1.284
70-74 Years		0.388	-	0.597	-	0.420	-	1.326
75-79 Years		0.472	-	0.724	-	0.502	-	1.316
80-84 Years		0.564	-	0.837	-	0.554	-	1.208
85-89 Years		0.707	-	1.055	-	0.678	-	1.122
90-94 Years		0.872	-	1.220	-	0.862	-	0.990
<b>80-84 Years</b>		<b>0.564</b>	<b>-</b>	<b>0.837</b>	<b>-</b>	<b>0.554</b>	<b>-</b>	<b>1.208</b>

# Mr. Eggers Scenario #1 – Demographic Factors

	Status	Factors 2017 CMS-HCC Model	Factors 2019 CMS-HCC Model
Age/Sex Factor:	M 80-84	0.816	0.837
Medicaid Factor (LTI):	0	0	0
OREC Factor:	0	0	0
Medicaid Dual Status <i>(used for community segment selection):</i>	02	—	—
<b>Sum of Demographic Relatives:</b>		<b>0.816</b>	<b>0.837</b>

# Factors for Mr. Eggers Scenario #1 HCCs

## 2017 CMS-HCC Model

Variable	Description Label	Community, NonDual, Aged	Community, NonDual, Disabled	Community, FBDual, Aged	Community, FBDual, Disabled	Community, PBDual, Aged	Community, PBDual, Disabled	Institutional
<b>Disease Coefficients</b>								
HCC19	Diabetes without Complication	0.104	0.128	0.097	0.160	0.098	0.136	0.160
HCC111	Chronic Obstructive Pulmonary	0.328	0.262	0.422	0.354	0.358	0.293	0.305

## 2019 CMS-HCC Model

Variable	Description Label	Community, NonDual, Aged	Community, NonDual, Disabled	Community, FBDual, Aged	Community, FBDual, Disabled	Community, PBDual, Aged	Community, PBDual, Disabled	Institutional
<b>Disease Coefficients</b>								
HCC19	Diabetes without Complication	0.106	0.123	0.108	0.149	0.089	0.125	<b>0.179</b>
HCC111	Chronic Obstructive Pulmonary Disease	0.335	0.244	0.430	0.333	0.356	0.269	0.311

# Mr. Eggers Scenario #1 – HCCs

	HCCs	Factors 2017 CMS-HCC Model	Factors 2019 CMS-HCC Model
Disease HCCs:	19	0.097	0.108
	111	0.422	0.430
<b>Sum of Disease Relatives:</b>		<b>0.519</b>	<b>0.538</b>

# Mr. Eggers Scenario #1 – Calculations – Blended 2019 Risk Score (Slide 1 of 3)

## Portion of risk score based on RAPS & FFS data using the 2017 CMS-HCC model: 75%

[(raw risk score from RAPS + FFS diagnoses) / (PY 2019 normalization factor for 2017 model)] X  
(1 – PY 2019 coding adjustment factor) X 75% = portion of the risk score from RAPS & FFS data.

Raw Risk Score =	0.816	+	0.519	=	1.335
Normalized Score =	<u>1.335</u>	/	<u>1.041</u>	=	<u>1.28242</u>
Round =	1.282				
Coding Intensity =	<u>1.282</u>	*	<u>(1-0.0590)</u>	=	<u>1.20636</u>
Round =	1.206				
<b>75% Portion of Risk Score =</b>	<u>1.206</u>	*	<u>0.75</u>	=	<u>0.905</u>

# Mr. Eggers Scenario #1 – Calculations – Blended 2019 Risk Score (Slide 2 of 3)

**Portion of risk score based on ED, RAPS inpatient records & FFS data using the 2019 CMS-HCC model (i.e., updated CMS-HCC model without count variables): 25%**

[(raw risk score from ED + RAPS inpatient records + FFS diagnoses) / (PY 2019 normalization factor for 2019 model)] X (1 – PY 2019 coding adjustment factor) X 25% = portion of the risk score from ED & FFS.

Raw Risk Score =	0.837	+	0.538	=	1.375
Normalized Score =	1.375	/	1.038	=	1.32466
Round =	1.325				
Coding Intensity =	1.325	*	(1-0.0590)	=	1.24683
Round =	1.247				
<b>25% Portion of Risk Score =</b>	1.247	*	0.25	=	<b>0.312</b>

# Mr. Eggers Scenario #1 – Calculations – Blended 2019 Risk Score (Slide 3 of 3)

2017 CMS-HCC model (RAPS & FFS) portion of the risk score		<u>0.905</u>
2019 CMS-HCC model (ED, RAPS inpatient, and FFS) portion of the risk score	+	<u>0.312</u>
<b>Blended Risk Score</b>	=	<u>1.217</u>

# Risk Score Calculation Scenarios

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# SCENARIO #2

# Status Indicators on the MMR

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- Institutional LTI Indicator: Field 20
  - Y = Part C LTI
  - Space = Not LTI
- Medicaid Add-on Factor: Field 21
  - 1 = Indicator that the RASS Medicaid Add-on score was used for this payment or adjustment for a beneficiary that is enrolled in a PACE plan or has ESRD or LTI status
  - Space = No Medicaid Add-on was used in the payment

# Ms. Doe Scenario #2 Demographic/Model Indicators

MMR Field #	Demographic/Model Indicator	Value
7	Gender	F
20	Part C LTI	Y
21	Medicaid Add-on Factor	1
23	Default Factor Code	SPACE
40	Age	70-74
48	OREC	0
46	RAFT Code	I
47	Frailty Indicator	N

# Ms. Doe Scenario #2 HCCs and Model

1RUN DATE: 20190610	RISK ADJUSTMENT MODEL OUTPUT REPORT			PAGE: 1
PAYMENT MONTH: 201907	PLAN: H9999 SAMPLE MOR Report			RAPMORP1
0	LAST	FIRST		DATE OF
HIC	NAME	NAME	I	BIRTH SEX & AGE GROUP ESRD
-----				-----
999567891B	DOE	EXAMPLE	E	19451027 Female70-74 N
V22 HCC DISEASE GROUPS: HCC019 Diabetes without Complication				
HCC047 Disorders of Immunity				
HCC079 Seizure Disorders and Convulsions				

\*This MOR excerpt was created for this example and does not refer to an actual beneficiary

HCCs from MOR:	19, 47, 79
Payment Year:	2019
Risk Adjustment Model:	2017 CMS-HCC Model

## Ms. Doe Scenario #2 Model Factors

	2017 CMS-HCC Model	2019 CMS-HCC Model
Normalization Factor:	1.041	1.038
Coding Intensity Factor:	0.059	0.059
Frailty Factor:	0	0

# Ms. Doe Scenario #2 Demographic Factors

	Status	Factors	Factors
		2017 CMS-HCC Model	2019 CMS-HCC Model
Age/Sex Factor:	F 70-74	1.092	1.148
OREC Factor:	0	0	0
Medicaid Factor (LTI):	1	0.062	0.061
<b>Sum of Demographic Relatives:</b>		<b>1.154</b>	<b>1.209</b>

## Ms. Doe Scenario #2 HCCs

	HCCs	Factors	
		2017 CMS-HCC	2019 CMS-HCC
Disease HCCs:	19	0.160	0.179
	47	0.529	0.577
	79	0.088	0.065
<b>Sum of Disease Relatives:</b>		<b>0.777</b>	<b>0.821</b>

# Ms. Doe Scenario #2 – Calculations – Blended 2019 Risk Score (Slide 1 of 3)

## Portion of risk score based on RAPS & FFS using the 2017 CMS-HCC model: 75%

$[(\text{raw risk score from RAPS} + \text{FFS diagnoses}) / (\text{PY 2019 normalization factor for 2017 model})] \times (1 - \text{PY 2019 coding adjustment factor}) \times 75\% = \text{portion of the risk score from RAPS \& FFS.}$

Raw Risk Score =	1.154	+	0.777	=	1.931
Normalized Score =	1.931	/	1.041	=	1.85495
Round =	1.855				
Coding Intensity =	1.855	*	(1-0.0590)	=	1.74556
Round =	1.746				
<b>75% Portion of Risk Score =</b>	1.746	*	0.75		<b>1.310</b>

# Ms. Doe Scenario #2 – Calculations – Blended 2019 Risk Score (Slide 2 of 3)

**Portion of risk score based on ED, RAPS inpatient records & FFS using the 2019 CMS-HCC model (i.e., updated CMS-HCC model without count variables): 25%**

**[(raw risk score from ED + RAPS inpatient records + FFS diagnoses) / (PY 2019 normalization factor for 2019 model)] X (1 – PY 2019 coding adjustment factor) X 25% = portion of the risk score from ED & FFS.**

Raw Risk Score =	1.209	+	0.821	=	2.030
Normalized Score =	<u>2.030</u>	/	<u>1.038</u>	=	<u>1.95568</u>
Round =	<u>1.956</u>				
Coding Intensity =	<u>1.956</u>	*	<u>(1-0.0590)</u>	=	<u>1.84060</u>
Round =	<u>1.841</u>				
<b>25% Portion of Risk Score =</b>	<u>1.841</u>	*	<u>0.25</u>	=	<u>0.460</u>

# Ms. Doe Scenario #2 – Calculations – Blended 2019 Risk Score (Slide 3 of 3)

2017 CMS-HCC model (RAPS & FFS) portion of the risk score		1.310
2019 CMS-HCC model (ED, RAPS inpatient, and FFS) portion of the risk score	+	0.460
<b>Blended Risk Score</b>	=	<b>1.770</b>

# SCENARIO #3

# Ms. Sunny Scenario #3 Part D Demographics

MMR Field #	Demographic/Model Indicator	Value
7	Gender	F
40	Age	80-84
48	OREC	0
86	Part D RAFT Code	D1 <i>Community, Non-Low Income Continuing Enrollee</i>

# Part D RAFT Codes (Field 86)

Part D RA Factor	Description	Part D RA Factor	Description
D1	Community Non-Low Income Continuing Enrollee	P1	PACE New Enrollee Community Low Income Non-ESRD
D2	Community Low Income Continuing Enrollee	P2	PACE New Enrollee Community Non-Low Income Non-ESRD
D3	Institutional Continuing Enrollee	P3	PACE New Enrollee Institutional Non-ESRD
D4	New Enrollee Community Non-Low Income Non-ESRD	P4	PACE New Enrollee Institutional ESRD
D5	New Enrollee Community Non-Low Income ESRD	P5	PACE New Enrollee Community Low Income ESRD
D6	New Enrollee Community Low Income Non-ESRD	P6	PACE New Enrollee Community Non-Low Income ESRD
D7	New Enrollee Community Low Income ESRD	P7	PACE Community Non-Low Income CONTINUING Enrollee
D8	New Enrollee Institutional Non-ESRD	P8	PACE Community Low Income Continuing Enrollee
D9	New Enrollee Institutional ESRD	P9	PACE Institutional Continuing Enrollee

# Ms. Sunny Scenario #3 RxHCCs and Part D Model

1RUN DATE: 20190613		RISK ADJUSTMENT MODEL OUTPUT REPORT		PAGE: 1
PAYMENT MONTH: 201907		PLAN: X9999 SAMPLE REPORT		RAPMODAA
0	LAST	FIRST		DATE OF
HIC	NAME	NAME	I	BIRTH SEX & AGE GROUP
-----				
999912345B	SUNNY	EXAMPLE	R	19310513 Female80-84
RXHCC DISEASE GROUPS:		RXHCC019 Breast and Other Cancers and Tumors		
		RXHCC067 Inflammatory Bowel Disease		

\*This MOR excerpt was created for this example and does not refer to an actual beneficiary

RxHCCs from MOR:	19, 67
Payment Year:	2019
Risk Adjustment Model:	2018 RxHCC Model

## Ms. Sunny Scenario #3 Part D Model Factors

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Normalization Factor:	1.019
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# Ms. Sunny Scenario #3 Part D Demographic Factors

	Status	Factors	Factors
		2018 RxHCC Model – RAPS	2018 RxHCC Model – ED
Age/Sex Factor:		0.205	0.205
OREC Factor:	0	0	0
LTI:	<space>	—	—
Low-Income:	N	—	—
<b>Sum of Demographic Relatives:</b>		<b>0.205</b>	<b>0.205</b>

# Ms. Sunny Scenario #3 RxHCCs

	RxHCCs	Factors	Factors
		2018 RxHCC Model – RAPS	2018 RxHCC Model – ED
Disease HCCs:	19	0.096	0.096
	67	0.527	0.527
<b>Sum of Disease Relatives:</b>		<b>0.623</b>	<b>0.623</b>

# Ms. Sunny Scenario #3 Part D Calculations – 2019 Blended Risk Score (Slide 1 of 3)

## Portion of risk score based on RAPS & FFS data using the 2018 RxHCC Model: 75%

[(raw risk score from RAPS + FFS diagnoses) / (PY 2019 normalization factor for 2018 RxHCC model)]  
X 75% = portion of the risk score from RAPS & FFS data.

$$\text{Raw Risk Score} = \frac{0.205}{\phantom{0.205}} + \frac{0.623}{\phantom{0.623}} = \frac{0.828}{\phantom{0.828}}$$

$$\text{Normalized Score} = \frac{0.828}{\phantom{0.828}} / \frac{1.019}{\phantom{1.019}} = \frac{0.81256}{\phantom{0.81256}}$$

$$\text{Rounded Risk Score} = \frac{0.813}{\phantom{0.813}}$$

$$\text{75\% Portion of Risk Score} = \frac{0.813}{\phantom{0.813}} * \frac{0.75}{\phantom{0.75}} = \frac{0.610}{\phantom{0.610}}$$

# Ms. Sunny Scenario #3 Part D Calculations – 2019 Blended Risk Score (Slide 2 of 3)

## Portion of risk score based on ED & FFS data using the 2018 RxHCC Model: 25%

[(raw risk score from ED + RAPS inpatient + FFS diagnoses) / (PY 2019 normalization factor for 2018 RxHCC model)]

X 25% = portion of the risk score from ED & FFS data.

$$\begin{array}{rclclcl}
 \text{Raw Risk Score} & = & 0.205 & + & 0.623 & = & 0.828 \\
 & & \underline{\hspace{1cm}} & & \underline{\hspace{1cm}} & & \underline{\hspace{1cm}} \\
 \text{Normalized Score} & = & 0.828 & / & 1.019 & = & 0.81256 \\
 & & \underline{\hspace{1cm}} & & \underline{\hspace{1cm}} & & \underline{\hspace{1cm}} \\
 \text{Rounded Risk Score} & = & 0.813 & & & & \\
 & & \underline{\hspace{1cm}} & & & & \\
 \text{25\% Portion of Risk Score} & = & 0.813 & * & 0.25 & = & 0.203 \\
 & & \underline{\hspace{1cm}} & & \underline{\hspace{1cm}} & & \underline{\hspace{1cm}}
 \end{array}$$

# Ms. Sunny Scenario #3 Part D Calculations – 2019 Blended Risk Score (Slide 3 of 3)

2018 RxHCC model (RAPS & FFS) portion of the risk score	0.610
2018 RxHCC model (ED, RAPS inpatient, and FFS) portion of the risk score	0.203
<b>Blended Risk Score</b>	<b>= 0.813</b>

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# SCENARIO #4

# Mr. Cloud Scenario #4 Demographic/Model Indicators

- Example of beneficiary enrolled in a PACE organization

MMR Field #	Demographic/Model Indicator	Value
7	Gender	M
20	Part C LTI	<SPACE>
21	Medicaid	1
23	Default Factor Code	<SPACE>
40	Age	80-84
46	RAFT Code	C
47	Frailty Indicator	Y
48	OREC	0

# Mr. Cloud Scenario #4 HCCs and Model

1RUN DATE: 20190610		RISK ADJUSTMENT MODEL OUTPUT REPORT			PAGE: 1	
PAYMENT MONTH: 201907		PLAN: H9999 SAMPLE MOR Report			RAPMORP1	
0	LAST	FIRST		DATE OF		
HIC	NAME	NAME	I	BIRTH	SEX & AGE GROUP	ESRD
-----				-----		
999999999A	Cloud	Blue		1935819	Male80-84	N
V21	HCC DISEASE GROUPS: HCC019 Diabetes without Complication					
	HCC035 Inflammatory Bowel Disease					
	HCC040 Rheumatoid Arthritis and Inflammatory Connective Tissue Disease					
	HCC111 Chronic Obstructive Pulmonary Disease					

\*This MOR excerpt was created for this example and does not refer to an actual beneficiary

HCCs from MOR:	19, 35, 40, 111
Payment Year:	2019
Risk Adjustment Model:	2012 CMS-HCC PACE Model

# Mr. Cloud Scenario #4 Model Factors

	CMS-HCC PACE Model*
Normalization Factor:	1.159
Coding Intensity Factor:	0.059
Frailty Score Factor**:	0.160

\*2019 Payment Notice Normalization and Coding Intensity Factors for CMS-HCC PACE Model

\*\*The beneficiary had a "Y" for the Frailty Indicator; therefore, the Frailty Score Factor will be added to the risk score calculation. This is an example frailty score.

## Mr. Cloud Scenario #4 Demographic Factors

	Status	Factors
		2012 CMS-HCC PACE Model
Age/Sex Factor:	M 80-84	0.565
OREC Factor:	0	0
Medicaid Factor:	1	0.210
<b>Sum of Demographic Relatives:</b>		<b>0.775</b>

# Mr. Cloud Scenario #4 HCCs

	HCCs	Factors
		2012 CMS-HCC PACE Model
Disease HCCs:	19	0.124
	35	0.279
	40	0.376
	111	0.388
<b>Sum of Disease Relatives:</b>		<b>1.167</b>

# Mr. Cloud Scenario #4 – Calculations

## Risk score based on data using the 2012 CMS-HCC PACE model:

$[(\text{raw risk score}) / (\text{PY 2019 normalization factor for PACE model})] \times (1 - \text{PY 2019 coding adjustment factor}) + \text{Frailty Score Factor} = \text{risk score}.$

Raw Risk Score =	0.775	+	1.167	=	1.942
	0.775		1.167		1.942
Normalized Score =	1.942	/	1.159	=	1.67558
	1.942		1.159		1.67558
Round =	1.676				1.676
	1.676				1.676
Coding Intensity =	1.676	*	(1-0.0590)	=	1.57712
	1.676		(1-0.0590)		1.57712
Frailty Score Factor =	1.577	+	0.160	=	1.737
	1.577		0.160		1.737
<b>Round =</b>	<b>1.737</b>				<b>1.737</b>
	<b>1.737</b>				<b>1.737</b>

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# SCENARIO #5

# Mr. Wheel Scenario #5 Demographic/Model Indicators

MMR Field #	Demographic/Model Indicator	Value
7	Gender	M
20	Part C LTI	<SPACE>
23	Default Factor Code	<SPACE>
39	Medicaid	0
40	Age	80-84
46	RAFT Code	CN
47	Frailty Indicator	N
48	OREC	0
84	Medicaid Dual Status	0

# Mr. Wheel Scenario #5 HCCs and Model

1RUN DATE: 20180510		RISK ADJUSTMENT MODEL OUTPUT REPORT		PAGE: 1	
PAYMENT MONTH: 201806		PLAN: H9999 SAMPLE MOR Report		RAPMORP1	
0	LAST	FIRST		DATE OF	
HIC	NAME	NAME	I	BIRTH	SEX & AGE GROUP ESRD
-----				-----	
999678912A	WHEEL	EXAMPLE	F	19371027	Male80-84 N
V22 HCC DISEASE GROUPS: HCC06 Opportunistic Infections					
HCC033 Intestinal Obstruction/Perforation					

\*This MOR excerpt was created for this example and does not refer to an actual beneficiary

HCCs from MOR:	6, 33
Payment Year:	2018
Risk Adjustment Model:	2017 CMS-HCC Model

# Mr. Wheel Scenario #5 Model Factors

	2017 CMS-HCC Model*
Normalization Factor:	1.017
Coding Intensity Factor:	0.0591
Frailty Factor:	0

\*2018 Payment Notice Normalization and Coding Intensity Factors for 2017 CMS-HCC Model

## Mr. Wheel Scenario #5 Demographic Factors

	Status	Factors	Factors
		2017 CMS-HCC Model – RAPS	2017 CMS-HCC Model – ED
Age/Sex Factor:	M 80-84	0.561	0.561
OREC Factor:	0	0	0
Medicaid Factor (LTI):	0	0	0
Medicaid Dual Status:	0	—	—
<b>Sum of Demographic Relatives:</b>		<b>0.561</b>	<b>0.561</b>

## Mr. Wheel Scenario #5 HCCs

	HCCs	Factors	Factors
		2017 CMS-HCC Model – RAPS	2017 CMS-HCC Model – ED
Disease HCCs:	6	0.435	0.435
	33	0.246	0.246
<b>Sum of Disease Relatives:</b>		<b>0.681</b>	<b>0.681</b>

# Mr. Wheel Scenario #5 – Calculations – Blended 2018 Risk Score (Slide 1 of 3)

## Portion of risk score based on ED & FFS data: 15%

$[(\text{raw risk score from ED} + \text{FFS diagnoses}) / (\text{PY 2018 normalization factor})] \times$

$(1 - \text{PY 2018 coding adjustment factor}) \times 15\% = \text{portion of the risk score from ED \& FFS.}$

Raw Risk Score =	<u>0.561</u>	+	<u>0.681</u>	=	<u>1.242</u>
Normalized Score =	<u>1.242</u>	/	<u>1.017</u>	=	<u>1.22124</u>
Round =	<u>1.221</u>				
Coding Intensity =	<u>1.221</u>	*	<u>(1-0.0591)</u>	=	<u>1.14884</u>
Round =	<u>1.149</u>				
15% Portion of Risk Score =	<u>1.149</u>	*	<u>0.15</u>	=	<u>0.172</u>

# Mr. Wheel Scenario #5 – Calculations – Blended 2018 Risk Score (Slide 2 of 3)

## Portion of risk score based on RAPS & FFS data: 85%

$[(\text{raw risk score from RAPS} + \text{FFS diagnoses}) / (\text{PY 2018 normalization factor})] \times (1 - \text{PY 2018 coding adjustment factor}) \times 85\% = \text{portion of the risk score from RAPS \& FFS.}$

$$\begin{array}{rclclcl}
 \text{Raw Risk Score} & = & 0.561 & + & 0.681 & = & 1.242 \\
 \text{Normalized Score} & = & 1.242 & / & 1.017 & = & 1.22124 \\
 \text{Round} & = & 1.221 & & & & \\
 \text{Coding Intensity} & = & 1.221 & * & (1-0.0591) & = & 1.14884 \\
 \text{Round} & = & 1.149 & & & & \\
 \text{85\% Portion of Risk Score} & = & 1.149 & * & 0.85 & = & 0.977
 \end{array}$$

# Mr. Wheel Scenario #5 – Calculations – Blended 2018 Risk Score (Slide 3 of 3)

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2017 CMS-HCC model (ED & FFS) 15% portion of the risk score		0.172
		<hr/>
2017 CMS-HCC model (RAPS & FFS) 85% portion of the risk score	+	0.977
		<hr/>
<b>Blended Risk Score</b>	=	<b>1.149</b>

# Summary

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- Described the sources and flow of risk adjustment data
- Identified demographic and HCC information available on reports
- Calculated risk scores

# Opportunities to Ask Questions?

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- During the Breakout Sessions
- During the Open Q&A
- By email at [riskadjustment@cms.hhs.gov](mailto:riskadjustment@cms.hhs.gov)