
CENTERS FOR MEDICARE & MEDICAID SERVICES

CY 2023 PART C

BID REVIEW OUT-OF-POCKET COST MODEL

USER GUIDE

APRIL 2022

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Introduction

The Out-of-Pocket Cost (OOPC) Model is a set of programs used to calculate the estimated out-of-pocket costs for a given set of beneficiaries in order to determine the value of the benefits being offered by a Plan Benefit Package (PBP). The purpose of the *CY 2023 Part C Bid Review OOPC User Guide* is to provide Medicare Advantage Organizations (MAOs) with the technical information required to calculate their updated Contract Year (CY) 2023 OOPC values for preparing CY 2023 bid submissions to comply with Centers for Medicare & Medicaid Services (CMS) standards. Please note, MAOs will need to calculate their Part C & Part D OOPCs separately and combine them for their total OOPC value. The combined values produced from this model and the Part D model (including MA-PD and MA-only plans) using CY 2023 approved bids will serve as the Bid Review for the MA Total Beneficiary Cost (TBC) calculation in evaluating the TBC change between CY 2022 and CY 2023. MAOs are encouraged to run their plan benefit structures through the SAS OOPC Models to prepare for CY 2023 bid submissions.

Questions may be directed as follows:

For technical questions about the OOPC Model, please submit an email to OOPC@cms.hhs.gov

For Part C policy related questions about Total Beneficiary Cost (TBC), please contact <https://mabenefitsmailbox.lmi.org/>

For Bid Pricing Tool (BPT) questions, please submit an email to actuarial-bids@cms.hhs.gov

The CY 2023 Part C Bid Review OOPC Model is designed to allow plan organizations to run their submitted benefit structures through the software code and data used by CMS to evaluate annual bid submissions. The software is the updated version of the CY 2022 Part C Baseline OOPC Model and code that was distributed to plans in January of 2022. The OOPC Model reports OOPC values by PBP-based service category at the plan level. The section **Development of the Out-of-Pocket Cost (OOPC) Data** summarizes CMS's process to produce the OOPC values. MAOs are encouraged to review the more comprehensive "CMS CY 2023 Part C Bid Review Out-of-Pocket Cost Model Methodology April 2022" document located in the OOPC Model package and at

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/OOPCResources.html>

Organizations use their own CY 2023 PBP data as input to the software (a given organization may have multiple plans for a given contract). After the user has successfully input their data for a particular contract/plan, and exit/validated the PBP, the data is ready for use in the model. Users download the OOPC Model software and follow the directions for copying the SAS programs and SAS data that serve as the other inputs.

The user edits several small SAS programs and will then execute them to produce OOPC estimates.

The CY 2023 Part C Bid Review OOPC Model package (**OOPC2023 Part C Bid Review.ZIP**) consists of a set of provided input datasets (SAS transport format) and a series of SAS programs. The programs import PBP and utilization data. The SAS programs calculate costs for each service category and benefits, and summarizes the costs to the plan level. The costs are output to a plan-level Excel file.

The model produces OOPC values for Part C services by utilizing their completed PBP data. This User Guide describes the contents of the OOPC software package, provides specific instructions on how to calculate OOPC values for the PBP service categories, and explains how to generate output values in the form of an Excel workbook.

Resource Requirements

Operation of the model requires that the user be familiar with PC file management and operating SAS software.

Model Requirements: The model has been tested on a variety of PCs. The user will need WINZIP or a similar compressed file software to extract the OOPC Model package and enough storage space to accommodate the downloadable files that total over 100 MB (4 MB zipped). A version of PC SAS with SAS/ACCESS Interface to PC Files installed is required. The model was developed and tested using SAS Version 9.4 on 64-bit machines using Windows Office 13. Microsoft Excel is required for generating and using the model output. Testing has been done using 2016 and 2019 versions of Excel and Access.

Processing Time: The processing of the data to generate the OOPC values is inherently time-consuming, but efforts have been made to make the model run as efficiently as possible. The programs that import the various input files will run quickly. As described in the **Development of the Out-of-Pocket Cost (OOPC) Data** section, the claims data for several thousand MCBS respondents will be applied to the cost-sharing structure for each service category. In addition, features such as deductibles and plan maximums will be applied and the costs adjusted. The process is expanded whenever values are produced for multiple plans. Running a single or a few plans at a time will shorten the run time.

Input Datasets Included in the Software Package

Utilization Data Provided by CMS

The software includes two primary SAS transport datasets for Part C calculations. The person-level (PERSON.XPT) file contains information on the cohort of beneficiaries in the 2017/2018 MCBS survey. The UTILIZATION.XPT file contains information on this cohort's 2017 and 2018 Medicare utilization as reported by the MCBS survey. These are used after they are converted to SAS datasets with a SAS program included in the package

(CIMPORT.SAS). The CIMPORT.SAS program converts these SAS transport files into SAS datasets.

Input Datasets Provided by the User

Plan List

Each user will provide a text file list of the plans to be used for each calculation of OOPC values. This file (**PLANFILE.TXT**) will consist of a combined Contract/Plan/Segment identifier. For example, Contract Plan Segment: H9999 001 001 will appear as H9999001001.

Planfile.txt Record Layout

Required File Format = ASCII File - Tab Delimited

Do not include a header record

Filename extension should be “.TXT”

Field Name	Field Type	Field Length	Field Description	Sample Field Value(s)
Contract_Plan_Segment	CHAR	11	Unique Contract/Plan/Segment identifier	H9999001000

Excerpt of an example file:

```
H9999001000
H9998002000
H9997003000
H9996001001
R9995004000
```

Note: Only plans in the plan list will be run in the OOPC calculation, even if more plans exist in a user’s PBP database.

PBP Data

Each year, plan personnel and other users are required to enter their benefit data into the PBP software in order to submit a bid. Plans are provided with instructions each year on how to enter data into the PBP software. We provide an overview of how plan data are collected and input into the tool below.

Background of the PBP/Bid Process: Organizations first complete or update the Plan Creation Module of Health Plan Management System (HPMS) to establish the plans available under each contract. The CY 2023 version of the PBP software is available in HPMS as of April 2022. Detailed instructions are provided to the plans on how to obtain

the software and how to perform the necessary data entry and bid process. CMS provides instructions on the HPMS and training via other methods.

The software is installed on a user's local PC (or on a network). Documentation (e.g., the Bid Manual) is provided to guide the user. The PBP software has exit/validation rules to ensure that the bid will meet certain CMS specifications. Shortly after the PBP software becomes available, plans may begin submitting their bid(s) to CMS by uploading the PBP databases. Bids are rejected or accepted. Plans have several weeks before their final bid (upload) is due to CMS.

PBP Data Input to OOPC Tool: As part of this bid creation process, the PBP data is automatically stored in an Access database. Once a database has been created using the PBP tool, a SAS program in the OOPC Model is able to read a plan's PBP data from the Access database and convert it to a SAS file.

The PBP-created databases that are needed as input to the Model are **PBP2023.MDB** and **PBPPLANS2023.MDB**. The OOPC Model needs to point to the location of the two databases.

Note: The OOPC Model should point to the databases associated with the PBP Super User. If there are other PBP data entry users, the Super User should ensure that they have received the most up-to-date data entry before running the OOPC Model.

Programs Included in the Software Package

The complete list of SAS Programs can be found in the Contents of the Zip File section. The key programs that launch the computations are described below.

CIMPORT.SAS converts the SAS transport files supplied with this software into SAS datasets.

OOPCV1P.SAS supplies user-defined parameters needed to run the OOPC Model and calls the other SAS programs that carry out the calculations.

Instructions for Running the Model and Creating OOPC Values

Please read and follow the instructions carefully before running the software.

Step 1: Create a text file (**PLANFILE.TXT**) that lists the plans of interest. Make a note of the directory location of the file.

Step 2: Complete the PBP data entry for plans of interest using the PBP software. The resulting files will be named **PBP2023.MDB** and **PBPPLANS2023.MDB**. Make a note of the location of these files: e.g., c:\program files\PBP2023.

Step 3: Set up directory locations for all files.

- a. Copy the file **OOPC2023 Part C Bid Review.ZIP** to a working directory (e.g., **c:\oopc_c**) and extract its contents to that directory. At this point there will be a **programs.zip** and **input.zip** file.
- b. In the working directory, extract the contents of **programs.zip** to create the **c:\oopc_c\programs** directory for the SAS programs modified by the user.
- c. In the working directory, extract the contents of **input.zip** to create the **c:\oopc_c\input** directory for the input files and the programs that are not changed by the user.
- d. Set up a directory for the output spreadsheet file (e.g., **c:\oopc_c\output**)
- e. Copy the **PLANFILE.TXT** file to the newly created programs file directory. (e.g., **c:\oopc_c\programs**).

Step 4: Edit the program **CIMPORT.SAS** as necessary so that the location (**in bold**) of the input data is specified for all of the .XPT files. The programs provided in the model package contain, as defaults, the directory locations listed above. The user can change these locations, as desired.

```
* PROGRAM: CIMPORT.SAS;
* DESCRIPTION: IMPORT THE INPUT FILES TO THE OOPC PROCESS;

%LET DATALOC = %str(c:\oopc_c\input);
```

Then run **CIMPORT.SAS**.

For this run, and subsequent SAS runs, check the SAS Log window to make sure the text string **ERROR** does not appear anywhere. (In the **Troubleshooting** section below are noted several sources of common problems users have encountered when setting up and running the programs).

Note: Once this step is done, the user does not need to redo this step for subsequent runs.

Step 5: Edit the program **OOPCVIP.SAS** in the statements as shown below to indicate the directories (**in bold**) where the SAS programs and input files are stored. The programs provided in the model package contain, as defaults, the directory locations listed above. Also, edit the program to indicate where the PBP data are stored. And finally, edit the program to identify the location and name of the output spreadsheet file. You can change the output spreadsheet name as necessary.

For example, in the “**OOPC =&OUTPUT.OOPC_RUN&file_date.**” line, to identify the first run for a given day, change the default label “**OOPC_RUN**” to “**OOPC_RUN1.**” (The “**&file_date**” function automatically outputs the date of the run.)

```
* PROGRAM: OOPCVIP.SAS;
* DESCRIPTION: MAIN OOPC PROGRAM;

%LET INPUTDIR =      c:\oopc_c\input;
%LET PROGDIR  =      c:\oopc_c\programs;
```

```

%LET PBPDIR =          c:\pbp2023;
%LET PLANFILEDIR =     c:\oopc_c\programs;
%LET OUTPUT =          c:\oopc_c\output;

%OOPCV1M(RUNYEAR       =2023,
        INP             =IN1.PERSON,
        INC             =IN1.UTILIZATION,
        CATEG           =IN1.CATEGORY,
        PBP             =&PBPDIR,
        PLANFILE        =&PLANFILEDIR\PLANFILE.TXT,
        OOPC            =&OUTPUT\OOPC_RUN&file_date..xlsx);

```

Then run **OOPCV1P.SAS**.

When checking the SAS Log window for the run, you can identify the run time by looking at the last few lines of a successful run. For example:

NOTE: The SAS System used:

```

real time    1:36.67
cpu time     43.10 seconds

```

The resulting Excel spreadsheet file (.xlsx) will exist in the designated output file directory when the program finishes running successfully. The category fields display the expected average monthly cost for the contract plan segment by PBP-based benefit category. **Total** displays the sum of the categories.

Note: A separate, calculated plan level deductible category allocation is not displayed. Plan deductible calculations are attributed proportionately and included in the individual category estimates. Displayed for reference is the PBP_Version_Date.

An example (truncated) of the resulting spreadsheet output is shown below (test data):

Plan_Name	Benefit_Year	Inpatient_Hospital_Acute_Care	Emergency/Post-Stabiliz	Preventative_Dental	Comprehensive_Dental	Total	PBP_Version_Date
RFB MA-PD A/B Full Network EA (PFFS)	2023	18.97983398	0	29.12359725	30.05451472	89.31318126	17NOV2021:08:07:39
RFB MA-PD A/B DS (HMO-POS)	2023	19.97244417	0.454815572	29.12359725	30.05451472	98.12185702	16NOV2021:10:16:06
1876 MA-Only A/B (Cost)	2023	18.97983398	0	29.12359725	30.05451472	89.31318126	18FEB2022:14:52:42
RFB MA-PD A/B Partial Network AE (PFFS)	2023	18.97983398	0	29.12359725	30.05451472	89.31318126	16NOV2021:10:18:37
MA-PD A/B SNP Chronic/Disabling EA (HMO-POS S)	2023	19.32745715	0.378275064	29.12359725	30.05451472	98.74506259	21DEC2021:14:06:14
MA-PD A/B Full Network BA (PFFS)	2023	18.97983398	0	29.12359725	30.05451472	108.1622813	18FEB2022:14:52:42
MA-Only A/B Full Network (MSA)	2023	19.04880198	0	28.79277138	29.92297126	89.19671921	16NOV2021:10:34:55
RFB MA-PD A/B DS (PPO)	2023	18.97983398	0	29.12359725	30.05451472	92.91814998	24JAN2022:17:11:21
MA-PD A/B EA (PPO)	2023	18.97983398	0	29.12359725	30.05451472	89.31318126	21DEC2021:14:06:14
RFB MA-PD A/B DS (HMO)	2023	18.97983398	0	29.12359725	30.05451472	92.9079489	16NOV2021:10:43:58
MA-PD A/B BA (Regional PPO)	2023	18.97983398	0	29.12359725	30.05451472	92.91814998	16NOV2021:10:55:18

Rerunning the Model

Change Plan Benefits for a Plan: To change the plan benefit assumptions, for the same plan(s), first modify the appropriate PBP data entry and use the Exit with Validation option to ensure the updated benefits meet CMS requirements.

Change Plans: To change plans, modify the PBP data entry, change the PLANFILE.TXT, and if necessary, the formulary .txt files.

For any of the above changes, after changing input files, and rerunning as necessary, rerun **OOPCVIP.SAS**, while changing the Excel output file name.

Contents of the Output (Excel) File

The output from the OOPC Model is a single Excel file. The table below lists the labels as they appear in the output file and in the corresponding detailed heading.

Note: Labels used in the output file are restricted to no more than 32 characters by SAS.

Label Used in Output Files	Detailed Heading/Description
Contract_Number	Contract Number
Plan_ID	Plan ID
Segment_ID	Segment ID
Organization_Marketing_Name	Organization Marketing Name
Plan_Name	Plan Name
Benefit_Year	Benefit Year/PBP for Estimated OOPC Values
Inpatient_Hospital_Acute_Care	Inpatient Hospital Services including Acute OOPC Value
Inpatient_Mental_Health_Care	Inpatient Psychiatric Hospital Services OOPC
Skilled_Nursing_Facility	Skilled Nursing Facility OOPC Value
Cardiac_Rehabilitation_Services	Cardiac Rehabilitation Services OOPC Value
Pulmonary_Rehab_Services	Pulmonary Rehabilitation Services OOPC Value
Emergency_Services	Emergency Services OOPC Value
Urgently_Needed_Services	Urgently Needed Services OOPC Value
Home_Health_Agency	Home Health Services OOPC Value
Primary_Care_Physician	Primary Care Physician Services OOPC Value
Chiropractic_Services	Chiropractic Services OOPC Value
Occupational_Therapy	Occupational Therapy Services OOPC Value
Physician_Specialists	Physician Specialist Services OOPC Value
Outpatient_Mental_Health_Care	Mental Health Specialty Services - Non-Physician OOPC
Podiatry_Services	Podiatry Services OOPC Value
Other_Health_Professionals	Other Health Care Professional Services OOPC Value
Psychiatric_Care	Psychiatric Services OOPC Value
Physical_and_Speech_Therapy	Physical Therapy and Speech-Language Pathology Services OOPC Value
Outpatient_Lab	Outpatient Lab Services OOPC Value
Diagnostic_Tests_and_Procedures	Outpatient Diag Tests/Procedures OOPC Value
Therapeutic_Radiation	Therapeutic Radiological Services OOPC Value
Outpatient_X_Rays	Outpatient X-Ray Services OOPC Value
Diagnostic_Radiological_Services	Diagnostic Radiological Services OOPC Value
Outpatient_Hospital_Services	Outpatient Hospital Services OOPC Value
Ambulatory_Surgical_Center	ASC (Ambulatory Surgical Center) Services OOPC Value

Label Used in Output Files	Detailed Heading/Description
Chemotherapy/Radiation_Drugs	Chemotherapy/Radiation Drugs OOPC Value
Ambulance	Ambulance Services OOPC Value
Durable_Medical_Equipment	Durable Medical Equipment OOPC Value
Prosthetic_Devices	Prosthetics and Other Medical Supplies OOPC Value
Renal_Dialysis	End-Stage Renal Disease OOPC Value
Diabetes_Education	Diabetes Education OOPC Value
MedicareCovered_Part_B_Drugs	Medicare-Covered Part B Prescription Drugs OOPC Value
Preventive_Dental	Preventive Dental OOPC Value
Comprehensive_Dental	Comprehensive Dental OOPC Value
Eye_Exams	Eye Exams OOPC Value
Hearing_Exams	Hearing Exams OOPC Value
Opioid_Treatment_Programs	Opioid Treatment Program Services OOPC Value
Total	Total Costs (Including calculated plan deductible)
PBP_Version_Date	PBP Version Date

Contents of the ZIP File (OOPC2023 Part C Bid Review.zip)

1. Input.zip

ANNUALIZATION.SAS
BASEID_PLAN_YEAR.SAS
CATEGORY.XPT
CLEANUP.SAS
CONVERT.SAS
COST_SHARING_AMBULANCE.SAS
COST_SHARING_ASC.SAS
COST_SHARING_CARDIAC_REHAB.SAS
COST_SHARING_CHIROPRACTIC.SAS
COST_SHARING_COMP_XRAY.SAS
COST_SHARING_COMPREHENSIVE_DENTAL.SAS
COST_SHARING_DIAG.SAS
COST_SHARING_DIALYSIS.SAS
COST_SHARING_DME.SAS
COST_SHARING_EDUCATION_DIABETES.SAS
COST_SHARING_ER.SAS
COST_SHARING_EYEEXAMS.SAS
COST_SHARING_HEARINGEXAMS.SAS
COST_SHARING_HHA.SAS
COST_SHARING_INPATIENT_ACUTE.SAS
COST_SHARING_INPATIENT_PSYCH.SAS
COST_SHARING_LAB.SAS
COST_SHARING_MEDICARE_DRUGS.SAS
COST_SHARING_MEDICARE_DRUGS_CHEMO.SAS
COST_SHARING_MNTLHLTH.SAS
COST_SHARING_OPIOID.SAS
COST_SHARING_ORTHOTICS.SAS
COST_SHARING_OT.SAS
COST_SHARING_OTHER.SAS
COST_SHARING_OUTPAT.SAS
COST_SHARING_PCP.SAS
COST_SHARING_PODIATRY.SAS
COST_SHARING_PREVENTIVE_DENTAL.SAS
COST_SHARING_PSYCH.SAS
COST_SHARING_PT.SAS
COST_SHARING_PULMONARY_REHAB.SAS
COST_SHARING_RADIATION.SAS
COST_SHARING_SNF.SAS
COST_SHARING_SPECIALIST.SAS
COST_SHARING_SUPPLIES.SAS
COST_SHARING_URGENT_CARE.SAS
COST_SHARING_XRAY.SAS

formats.xpt
MISSING_CELLS_YEAR.SAS
OOPCV1M.SAS
PBP_IMPORT.SAS
PBP_IMPORT_CMS.SAS
PBPCATS.SAS
PERSON.XPT
PLAN_CATNAME_NEW.SAS
PLAN_DEDUCTIBLE.SAS
PLAN_LEVEL.SAS
UTILIZATION.XPT

2. Programs.zip

CIMPORT.SAS
OOPCV1P.SAS

Development of the Out-of-Pocket Cost (OOPC) Data

The OOPC Model was developed using the methodology summarized below. Medicare Advantage Organizations are encouraged to review the more comprehensive “Centers for Medicare & Medicaid Services CY 2023 Part C Bid Review Out-of-Pocket Cost Model Methodology April 2022” document located at:

<https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/OOPCResources.html>.

CMS used the events or incidents of health care usage reported by individuals from the Medicare Current Beneficiary Survey (MCBS). The reported use of health care is matched to the individual claims history to make sure Medicare covered services are included, as well as services not covered by Medicare.

For the CY 2023 Part C Bid Review OOPC Model, two years (2017 and 2018) of MCBS data are combined to create statistically valid and reliable cost values. Combining the data for both years creates a nationally representative cohort of individuals with Medicare.

Individuals are excluded for certain reasons including if they did not participate in both Medicare Parts A & B for the full 12 months of the year or if they were in a long-term care facility for any part of the year. The focus is on individuals in Original Medicare so that both MCBS survey results and the Medicare claims data could be linked for the same period. Also excluded are certain categories of individuals whose claims are paid differently or for whom there is not a full complement of data.

Average monthly out-of-pocket costs are calculated for each health plan. CMS used historical Medicare claims data and survey data for non-Medicare-covered services to determine total health care utilization for each person with Medicare. Beneficiaries eligible for low-income subsidies and cost sharing are not included in the OOPC

calculations. As appropriate, costs for the various service categories were inflated from 2017/2018 to the plan year using inflation factors provided by CMS/OACT. Beneficiary utilization claims were mapped into appropriate PBP-based categories using diagnosis, procedure, and revenue center code information. CMS then applied the data entered into the PBPs to compute the out-of-pocket costs based on benefits covered and co-payments/coinsurance for each health care service. The beneficiary level OOPC values are then aggregated to plan level using the individual MCBS sample weights in order to yield nationally representative data. Annual values are enrollment-adjusted to yield mean monthly costs.

CMS made the following basic assumptions related to the out-of-pocket cost estimates for Medicare Advantage Plans:

- Use CY 2023 Plan Benefit Packages to define the benefit structures incorporated into the calculation of out-of-pocket cost values.
- Use cost shares for in-network providers.
- Use minimum co-payments if stated as a minimum/maximum range.
- Use in-network deductibles and plan maximums, as applicable (please note that a combined in- and out-of-network deductible is used for plans without the in-network deductible).
- Optional Supplemental benefits are not included.
- Costs for select Mandatory Supplemental benefits are included, based on available MCBS data.

The services included in the out-of-pocket cost calculations for Medicare Advantage Plans are listed below.

- Ambulance Services
- ASC (Ambulatory Surgical Center) Services
- Cardiac and Pulmonary Rehabilitation Services
- Chiropractic Services
- Preventive Dental
- Comprehensive Dental*
- Diabetes Self-Management Training
- Diabetic Supplies and Services
- Durable Medical Equipment (DME)
- Dialysis Services
- Emergency Services
- Eye Exams
- Hearing Exams
- Home Health Services
- Inpatient Hospital Acute Services*
- Inpatient Hospital Psychiatric Services*
- Medicare Part B Prescription Drugs

- Mental Health Specialty Services
- Occupational Therapy Services
- Opioid Treatment Program Services
- Other Health Care Professional Services
- Outpatient Diagnostic Procedures/Tests Services
- Outpatient Diagnostic Radiological Services
- Outpatient Hospital Services
- Outpatient Lab Services
- Outpatient Therapeutic Radiological Services
- Outpatient X-Ray Services
- Physician Specialist Services
- Podiatry Services
- Primary Care Physician Services
- Prosthetics/Medical Supplies
- Psychiatric Services
- PT and SP Services
- Skilled Nursing Facility (SNF)*
- Urgently Needed Services

An asterisk (*) indicates that the calculation includes Medicare-covered services as well as supplemental services. Supplemental Services are defined as additional days and non-Medicare-covered stays for Inpatient Hospital Services (Acute and Psychiatric) and as additional days for SNF. Comprehensive dental includes Medicare-covered dental exam and supplemental dental.

Medicare Advantage plans offer a wide range of supplemental benefits, some of which were not included in the out-of-pocket costs calculations because MCBS claims data are insufficient or do not exist. Some examples of supplemental benefits not included in the out-of-pocket cost values for Medicare Advantage plans are:

- Worldwide Emergency/Urgent coverage outside the United States and its territories
- Transportation
- Acupuncture
- Hearing services not usually covered by Medicare
- Vision services not usually covered by Medicare
- Chiropractic services not usually covered by Medicare
- Podiatry services not usually covered by Medicare

Troubleshooting

Below are several areas where users have encountered issue when running the model.

Wrong or Missing Directory Locations

Make sure that all directories listed in the edited SAS programs correspond to the locations and names of the directories you have set up on your workstation. If an “input” directory is empty, the following type of error can show up in the SAS log while attempting to run the **CIMPORT.SAS** program.

NOTE: Library IN does not exist.

ERROR: Library IN does not exist.

NOTE: Library OUTPUT does not exist.

ERROR: Physical file does not exist, c:\oopc_c\input\person.xpt

Problems with Output Files

Each new SAS run should have a new unique output file name designated in the **OOPCVIP.SAS** program. If you do not change the name from a previously created Excel file, the new SAS run will overwrite the old file contents, or if the current Excel file is open, will not produce output at all. An example error message is shown below:

ERROR: The MS Excel table OOPCS_2023 has been opened for OUTPUT. This table already exists, or there is a name conflict with an existing object. This table will not be replaced. This engine does not support the REPLACE option.

ERROR: Export unsuccessful. See SAS Log for details.

Another message will be generated if you forget to create an output directory. For example,

ERROR: Connect: 'c:\oopc_c\output\OOPC_RUN20230415.xlsx' is not a valid path. Make sure that the path name is spelled correctly and that you are connected to the server on which the file resides.

ERROR: Error in the LIBNAME statement.

Also, you may submit a run, find no “Error” messages in the **OOPCVIP.SAS** program, and yet find no Excel output file. One way this can happen is if the plan identifiers in the **PLANLIST.TXT** file are filled out without the final 3 segment identifiers, e.g.:

H9999001

Problems with Insufficient Hard Drive Space

If you have been running the model repeatedly, you may encounter the following error message:

WARNING: File 'WORK.xxxxxx.DATA' is shorter than expected. ERROR: The file WORK.xxxxxx.DATA is shorter than expected.

ERROR: The file WORK.xxxxxx.DATA is shorter than expected. ERROR: The file WORK.xxxxxx.DATA is shorter than expected. WARNING: Data set WORK.yyyyyy was not replaced because this step was stopped. ERROR: The open failed because library member WORK.xxxxxx.DATA is damaged. ERROR: The open failed because library member WORK.xxxxxx.DATA is damaged. ERROR: The open failed because library member WORK.xxxxxx.DATA is damaged.

This problem means that SAS does not have sufficient hard disk space for its temporary files. You can reboot your machine so that more memory is available to SAS. Also, check that you do not have 'leftover' SAS temporary directories. An example of SAS temporary directories that may remain from other sessions under 'My Computer' is:

c:\Documents and Settings\yourname\Local Settings\Temp\SAS Temporary Files\
with subdirectories such as:
TD_XXXXX
SAS_util000100000150_machinename

Part C Output Expected, but Blank

When you have completed your PBP data entry, make sure you have exit/validated from the program. In one case, the Part C output for a plan appeared as a series of zeroes because Section D of the PBP had not been completed.

Testing

Before starting a run of the **OOPCV1P.SAS** program, it may be worth running a test on one plan to check that the data and directory locations have been set up correctly. As stated in Step 1 of the instructions, the selection of plans can be modified in the **PLANFILE.TXT** file.