Using Medicare Modernization Act (MMA) Files to Identify Dually Eligible Individuals

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Who Are Dually Eligible Individuals?

Dually eligible individuals receive or are eligible to receive both Medicare and Medicaid benefits.[1] "Full-benefit" dually eligible individuals are eligible for full Medicaid benefits in their state, in addition to Medicare Part A and/or B benefits. These individuals may be eligible for Medicare Savings Program benefits and full Medicaid benefits, or may solely be eligible for full Medicaid benefits. "Partial-benefit" dually eligible individuals are not eligible for full Medicaid benefits, but are eligible to receive assistance with Medicare premiums and/or cost-sharing through a Medicare Savings Program.[2]

Why Do States Need to Identify Dually Eligible Individuals?

States need to be able to identify individuals who are (or will become) dually eligible for several reasons, including assurance of the following:

- Enrollment of dually eligible individuals in Medicare Parts A and B and the Medicare Part D Low-Income Subsidy (LIS) in a timely fashion to prevent inappropriate state payment for benefits that should be covered by Medicare (and subsequent administrative burden for states and providers in resolving those inappropriate payments);

- Timely and accurate payment to providers for services rendered to dually eligible individuals;

- Beneficiary receipt of state coverage of Medicare premiums and/or cost-sharing in a timely fashion, and in compliance with federal regulations;[3]

- Accurate state phased-down contribution payments (sometimes referred to as "clawback" payments);[4] and

- Appropriate enrollment of eligible individuals into integrated care initiatives that coordinate Medicare and Medicaid benefits, including Medicare-Medicaid Plans (MMPs), administered under a state Financial Alignment Initiative demonstration or Medicare Advantage Dual Eligible Special Needs Plans (D-SNP) offered by the same parent company as the individual's Medicaid managed care plan.[5]

Identifying Dually Eligible Individuals Through Medicare Modernization Act (MMA) File Exchange

Since 2005, states have exchanged files with the Centers for Medicare & Medicaid Services (CMS) that identify current and prospective dually eligible individuals. These files are known as the Medicare Modernization Act (MMA) files.[6] (For information about the frequency of state-CMS MMA file exchange, see the box *Exchanging MMA Files More Frequently than Monthly* on page 2.) Through MMA file exchange, states can identify Medicaid enrollees who are currently dually eligible, as well as Medicaid enrollees who will become dually eligible in the next three months (known as "prospective" dually eligible individuals). For each

MMA Request file that a state sends, CMS automatically sends back an MMA Response file. States can then extract information from MMA Response files and match it with state data to maintain accurate records of full- and partial-benefit dually eligible individuals (and individuals becoming dually eligible) within their Medicaid enrollee population.[7]

> ### Exchanging MMA Files More Frequently Than Monthly
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> Currently, states are required to exchange MMA files with CMS at least monthly, but many states exchange MMA files with CMS more frequently. As a result of the Interoperability and Patient Access final rule issued on March 9, 2020, states will be required to transition to daily MMA file exchange by April 1, 2022.[8] As of March 2020, 16 states exchanged MMA files with CMS daily, 22 states and the District of Columbia exchanged MMA files with CMS every week, and 13 states exchanged MMA files with CMS every month.[9]
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> For information on the value of exchanging MMA files more often than monthly and guidelines for doing so, see this CMS State Data Resource Center Question and Answer (Q&A) document on MMA file exchange: https://statedataresourcecenter.com/pages/mma-faq/.

States are required to submit an MMA Request file that includes records of current Medicaid eligibility for individuals who are already eligible for Medicare, as well as retroactive eligibility information in cases where a beneficiary's eligibility changes retroactively (e.g., when an individual gains retroactive Medicaid coverage). States may also submit "future" eligibility records in MMA Request files that identify Medicare beneficiaries who will gain Medicaid coverage in the next month. Finally, states may use MMA Request files to seek CMS confirmation of prospective Medicare eligibility for individuals currently enrolled in Medicaid (to identify individuals becoming dually eligible in the next few months). For information about the circumstances in which such prospective information may be useful, see the box *Identifying Prospective Dually Eligible Individuals in MMA Files* below. For more information about the types of records included in state MMA Request files and requirements for each type, see Section 5 of the CMS Medicare Advantage and Prescription Drug (MAPD) State User Guide.[10]

When submitting MMA Request file records, the state uses a dual-status code field to indicate whether an individual has full Medicaid benefits, Medicare Savings Program benefits, or both. In the corresponding MMA Response file, for records that successfully match with the Medicare Beneficiary Database, CMS provides start dates (and end dates, where applicable) for the individual's entitlement to Medicare Part A, enrollment in Medicare Part B, and eligibility for Medicare Part D.[11] States can use these start and end date fields to determine whether an individual has been, continues to be, or will be eligible for Medicare in the near future.

> ### Identifying Prospective Dually Eligible Individuals in MMA Files
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> States need to be able to identify individuals becoming dually eligible to conduct timely Medicaid eligibility determinations with Medicaid expansion ("ACA adult") populations,[12] to use passive or default enrollment processes to enroll eligible individuals in integrated care initiatives,[13] and to ensure timely receipt of benefits for dually eligible individuals. To identify prospective dually eligible individuals, states can include in their MMA Request files individuals turning 65 in the near future and individuals who may be eligible for Social Security Disability benefits (including Medicaid expansion recipients). States can then use the Medicare eligibility start dates included in the MMA response file (and the use of zeros in records for Medicaid beneficiaries not becoming eligible for Medicare) to identify which of those individuals will become eligible for Medicare in the next three months. See Sections 5.3 – 5.6 of the MAPD State User Guide[14] for more information on the submission of records in MMA Request files for individuals who may be becoming dually eligible.

In addition to confirming Medicare eligibility and enrollment, CMS also provides other information in MMA Response files that may be of use to states, such as information on current Medicare plan enrollment (see the box *Using MMA Files to Identify Dually Eligible Individuals' Medicare Plan Enrollment* below), End-Stage Renal Disease status, and hospice enrollment. For more information about other fields in MMA files, see the following resources:

- CMS State Data Resource Center's webinar introduction to MMA file exchange: https://statedataresourcecenter.com/webinar/july-2019/

- Sections 5-7 of the CMS Medicare Advantage Prescription Drug State User Guide (version 8.0): https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/MAPD-State-User-Guide

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Using MMA Files to Identify Dually Eligible Individuals' Medicare Plan Enrollment

In addition to confirming Medicare eligibility, CMS MMA Response files also contain information about beneficiaries' Medicare Advantage or Part D plan enrollment, including enrollment in D-SNPs or MMPs. For information about how to use MMA files to identify dually eligible individuals' Medicare plan enrollment (for example, to identify which of a state's dually eligible beneficiaries have "aligned" enrollment in a D-SNP and an affiliated Medicaid managed care plan), see ICRC's State Guide to Identifying Aligned Enrollees, available at: https://www.integratedcareresourcecenter.com/resource/state-guide-identifying-aligned-enrollees-how-find-medicare-plan-enrollment-dually-eligible.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the *Integrated Care Resource Center* are coordinated by **Mathematica Policy Research** and the **Center for Health Care Strategies**. For more information, visit **www.integratedcareresourcecenter.com**.

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[1] An individual can be considered "dually eligible" simply by qualifying for both Medicare and Medicaid, regardless of whether the individual is currently enrolled in Medicare and/or Medicaid benefits. Within this tool, we use the term "dually eligible individuals" to refer to those who are eligible for Medicare and Medicaid and are currently enrolled in either or both programs, as well as individuals who may be becoming eligible for one or both programs.

[2] Medicare Savings Program benefits include the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualified Individual (QI) and Qualified Disabled Working Individual (QDWI) programs. For more information about these programs and full and partial benefit dually eligible beneficiaries, see the CMS document entitled "Dually Eligible Individuals – Categories," available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MedicareMedicaidEnrolleeCategories.pdf.

[3] See 42 CFR §406.26 for information about timely state buy-in for Medicare Part A benefits, and 42 CFR §407.47 about timely state buy-in for Medicare Part B benefits.

[4] Per 42 CFR §423.910, "each of the 50 U.S. states and the District of Columbia is required to provide for payment to CMS a phased-down contribution to defray a portion of the Medicare drug expenditures for individuals whose projected Medicaid drug coverage is assumed by Medicare Part D." For more information about the calculation of these payments, see 42 CFR §423.910.

5 In certain circumstances, D-SNPs with a Medicaid managed care plan offered by the same parent company as the D-SNP can automatically enroll their Medicaid managed care plan members into the D-SNP when those individuals become eligible for Medicare. This practice is known as default enrollment. For more information about default enrollment, see ICRC's fact sheet on Using Default Enrollment to Align Coverage for Dually Eligible Medicare-Medicaid Beneficiaries at: https://www.integratedcareresourcecenter.com/resource/using-default-enrollment-align-coverage-dually-eligible-medicare-medicaid-beneficiaries.

6 These files are also sometimes referred to as "State Phasedown" files.

7 MMA files contain detailed information within each individual record that can be used to match MMA file records with enrollee records in a state Medicaid data warehouse. For example, MMA files include the beneficiary's name, address, date of birth, Social Security Number, Health Insurance Claim Number (HICN), and Medicare Beneficiary Identifier (MBI). For a detailed list of fields included in MMA Request and Response files, see the CMS Medicare Advantage and Prescription Drug State User Guide at: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/MAPD-State-User-Guide.

8 For information about the Interoperability and Patient Access final rule, visit the CMS webpage at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index.

9 For a list of states that exchanged MMA files with CMS on a daily, weekly, or monthly basis, see the June 3, 2020 ICRC Spotlight on the impact of the Interoperability and Patient Access final rule for file exchange regarding dually eligible individuals, available at: https://www.integratedcareresourcecenter.com/e_alert/new-interoperability-and-patient-access-rule-will-affect-dually-eligible-individuals.

10 The MAPD State User Guide is available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/MAPD-State-User-Guide.

11 If an individual is not entitled to Part A, not enrolled in Part B, and/or not eligible for Part D, these date fields will be filled with zeroes.

12 For information about conducting redeterminations when Medicaid expansion beneficiaries become Medicare eligible, see the June 7, 2017 CMCS Informational Bulletin titled "Strategies to Streamline Transitions for Medicaid-eligible Beneficiaries Who Newly Qualify for Medicare," available at: https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/cib060717.pdf.

13 States operating demonstrations under the Financial Alignment Initiative need to be able to identify prospective dually eligible individuals to conduct passive enrollment into these demonstrations (where applicable) States operating integrated care initiatives using D-SNPs that wish to enable D-SNP use of default enrollment also need to be able to identify prospective dually eligible individuals to facilitate D-SNP use of default enrollment in compliance with the requirements described at 42 CFR 422.66(c)(2). For more information about D-SNP default enrollment, see the ICRC fact sheet on default enrollment available at: https://www.integratedcareresourcecenter.com/sites/default/files/Default_Enrollment.pdf.

14 The MAPD State User Guide is available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/MAPD-State-User-Guide.