

Crosswalk for Change of Medicare Modernization Act (MMA) Dual Eligible Reporting Application for Re-Certification

Changes to MMA Dual Eligibles File and Data Dictionary (DD)

DD Page #	Data Element	File Position	Type of Change	Rational for Change
34	Beneficiary Part A Entitlement Reason Code	1168	Removal of “H” value = Beneficiary is entitled to Medicare due to health hazard.	Change is no longer applicable and is non-substantive. The change did not have an impact on the burden estimates.
36	Beneficiary Part B Enrollment Reason Code	1258	Removal of “H” value = Beneficiary is entitled to Medicare due to health hazard.	Change is no longer applicable and is non-substantive. The change did not have an impact on the burden estimates.
39	Beneficiary DIB Entitlement Date Justification Code	1428	Removal of “H” value = Beneficiary is entitled to Medicare due to health hazard.	Change is no longer applicable and is non-substantive. The change did not have an impact on the burden estimates.
41	Plan Benefit Package Number (Occurrence 1)	1697-1699	Updated description to read: This field contains spaces if the managed care plan has no PBP. If a Cost Plan has no PBP, the field contains ‘999’.	Change was made to clarify the definition to this description field and is non-substantive. The change did not have an impact on the burden estimates.
41	PBP Coverage Type Codes	1700-1701	Updated list of values for the PBP ORG CVRG TYPE CD to add Value “14”: MMP – Medicare Medicaid Plan	Change was due to the implementation of the Financial Alignment Demonstration: Section 2602 of the Affordable Care Act directs CMS to better coordinate with states to improve care for Medicare-Medicaid enrollees. The change is non-substantive. The change did not have an impact on burden estimates.
45	Beneficiary Part A Third Party Buy-in Eligibility Code	2031	Updated to read: “This data element is obsolete.”	Change is no longer applicable and is non-

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				substantive. The change did not have an impact on the burden estimates.
46	Beneficiary Part B Third Party Buy-in Eligibility Code	2131	Updated to include values “L” – Specified Low Income Beneficiary (SLMB) and “U” – Qualified Individual One (QI-1)	Changes were made to reflect additional values and were non-substantive. The changes did not have an impact on the burden estimates.
50	Beneficiary Enrollment Type Code	2425	Updated list of include values: I – Non-MMP Plan J – State submitted MMP passive enrollment. K – CMS submitted MMP passive enrollment. L – Beneficiary MMP election	Change was due to the implementation of the Financial Alignment Demonstration: Section 2602 of the Affordable Care Act. Changes were non-substantial. The change did not have an impact on burden estimates.
52	Beneficiary Language Indicator	2862	Revised to exclude values “C”; “D”, “F”, “G”, “I”, “J”, “N”, “P”, “R”, “V” and “W”.	Change is no longer applicable and is non-substantive. The change did not have an impact on the burden estimates.
59	Archive Indicator	3194	Change to Medicare Beneficiary Suite of Systems (MBDSS). CMS will be archiving data is no longer expected to be updated. New Data Element and value added: A = Archived ‘ ’ = Not archived or not found in database	Changes were made to improve processing performance by reducing the volume in the main production database. Changes were non-substantive. The changes did not have an impact on the burden estimates.
59	Medicare-Medicaid Plan (MMP) Opt Out Indicator	3195	Systems changes include new data element and values based on Financial Alignment (FA) demonstration: Y= Beneficiary has affirmatively opted out of	Change was due to the implementation of the Financial Alignment Demonstration: Section 2602 of the Affordable Care Act. Changes were non-substantive. The

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			Demo N= Beneficiary has not opted out of Demo ‘ ’ = There is no opt out information available (should be interpreted as the beneficiary has not opted out).	changes did not have an impact on the burden estimates.