2018 (old version)	2023 (new version)	Type of Change	Reason for Change	Burden Change
MAPD State User Guide V7	MAPD State User Guide V11		Updates based on final regulation https://www.cms.gov/files/document/cms-9115-f.pdf Requiring states to submit monthly and daily MMA files.	Y
Cover page	cover page		updated to current date and version	N
change log	Change log		Add listing of major updates in document	N
TOC	TOC		Revised to include new sections	N
List of Tables	List of Tables		Revised to adjust for revised/deleted tables	N
Users Guide	User Guide	Rev	general revisions and edits throughout	N

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Puerto Rico	US Territory	Rev	change to cover all territories	N
Dual	Dually	Rev	consistent with MMCO style guide	N
individual	beneficiary	Rev	move to person centered language/language sensitivites	N
provides information about the TBQ Response File sent by CMS to the state & territories in response to its TBQ Request file.	provides information about the TBQ Response File sent by CMS to the state & territories in response to its TBQ Request file. Note: Territories receive the TBQ, which is the territory equivalent to the plan/state BEQ.	Rev	clarification	N
Enterprise Identity Management	Identity Management (IDM)	Rev	agency change	N
The state Users role is for an individual who works for or on behalf of a state Medicaid agency. State users can access Medicare eligibility, Low-Income subsidy (LIS) status, and detailed health Plan enrollment information at a beneficiary level	The statesusers' role is for an individual who works for or on behalf of a state Medicaid agency. State users can access Medicare eligibility, Low-Income subsidy (LIS) status, and detailed health and drug Plan enrollment information at a beneficiary level	Rev	update language	N
1. After you have received your EIDM User ID and password, navigate to the CMS Enterprise Portal: https://portal.cms.gov.https://portal.cms.gov. 2. Enter your User ID and password and click the buttonbox, "I agree to our Terms and	1. After you have created your IDM User ID and password, navigate to the CMS Enterprise Portal. 2. Enter your User ID and password and check the box, "I agree to the Terms & Conditions.."	Rev	update language	N
Figure 2-1	Figure 2-1	Rev	remove help desk email	N

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6. Enter the RACF ID, your State/Territory from the drop down list, and the Reason for Request. a. Note: Your EUA User ID is your Resource Access Control Facility (RACF) ID. 7. Review your request information on the	6. Complete "Identity Verification" by selecting Launch. Read through the information on the next screen (Step #1) and select Next. "Accept Terms & Conditions" on Step 2. Enter and/or verify your information on the next page (Step #3). Once your identity has been verified, return	Rev	update wording	N
general	general	Rev	update wording	N
	Residency Status Output The residency status (In Area or Out of Area) for this beneficiary in this Plan on the As of Date and is determined by the current payment month.	Rev	Add	N
	Bonus Payment Portion Percent Output The percentage applied to the payment to determine the bonus amount to pay the MCO. This does not apply to a PDP.	Rev	Add	N
MARx Enrollment Detail (M22) screen table		Rev	deleted	N
N/A	Part B Enrollment Reason Codes P- Medicare Part B Immunosuppressive Drug (Part B-ID)	Rev	Add	N
N/A	Since 2005, states have been submitting files at least monthly to CMS to identify all dually eligible beneficiaries. This includes full-benefit dually eligible beneficiaries and partial-benefit dually eligible beneficiaries (i.e., those who get Medicaid help with Medicare premiums, and	Rev	Add	Y - requires states to also submit a MMA daily file of accretions, deletions, and changes.
. States have the option to submit a single monthly MMA file including all known dual eligibles, or multiple MMA files throughout the month (up to one per day). Multiple files are intended to give the States the opportunity to provide current information on updated dual		Rev	Delete	Y - requires states to also submit a MMA daily file of accretions, deletions, and changes.

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N/A	including all known dually eligible beneficiaries and subsequent daily files that provide updates for changes in dual eligibility status (accretions, deletions, and changes).	Rev	Add		Y - requires states to also submit a MMA daily file of accretions, deletions, and changes.
N/A	Daily submission means every business day, but if a state has no new transactions to transmit, data would not need to be submitted on a given business day. Daily submission allows the states to provide current information on updated dual eligibility status and helps promote administrative	Rev	Add		Y - requires states to also submit a MMA daily file of accretions, deletions, and changes.
The monthly files will address the following program needs: ☐ Parts A and B: QMB status and related protections ☐ Part C: Plan risk adjustment ☐ Part D: Auto-enrollment and LIS deeming	The MMA files will address the following Medicare program needs based on dual-status: o Dual Eligible Enrollment. ☐ Parts A and B: QMB status and related protections	Rev	modify		N
Medicare-Medicaid dual eligibles	full-benefit Medicare-Medicaid dually eligible beneficiaries	Rev	modify		N
• Qualified Medicare Beneficiary (QMB),) • Specified Low-Income Medicare Beneficiary (SLMB), and Qualified) • Individual (QI) (partial benefits)) • Prospective (PRO) records • , and State Low-Income Subsidy (LIS)	• Qualified Medicare Beneficiary (QMB) • Specified Low-Income Medicare Beneficiary (SLMB) • Qualifying Individual (QI) (partial -benefit dually eligible) • Retroactive (Retro) records, Prospective	Rev	modify		N
	This will allow CMS to establish the LIS status of dually eligible beneficiaries and to auto-assign beneficiaries to Medicare Part D plans. In addition, CMS uses QMB status to alert providers (via HETS provider eligibility query and via the Remittance Advice) as well as	Rev	add		N
Phased Down State Calculation	State Phased-Down Calulation	Rev	modify		N
One of the purposes for which the State's monthly MMA file submission will be used is to calculate the State's Phased-Down contribution payment. The Phase-Down process requires a monthly count of all full-benefit dual eligibles with an active Part D plan enrollment in the month.	CMS uses the state's MMA file submission to calculate the State Phased-Down contribution payment. The Phased-Down process requires a monthly count of all full-benefit dually eligible beneficiaries with an active Part D plan enrollment in the month. CMS will make this	Rev	modify		N

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State LIS Applications	State Low-Income (LIS) Applications	Rev	modify	N
The file may also include records for those beneficiaries for whom the state has made a low-income subsidy determination , i.e., since the last file was created.	The file may also include records for those beneficiaries for whom the state has made a low-income subsidy determination for an individual applying to the state, i.e., since the last file was created.	Rev	modify	N
States are strongly encouraged to use the SSA subsidy application (SSA-1020) for subsidy applicants unless a beneficiary specifically requests the state make the subsidy determination using a state application form.	States areCMS strongly encourages states to use the SSA subsidy application (SSA-1020) for subsidy applicants unless a beneficiary specifically requests the state make the subsidy determination using a state application form.	Rev	modify	N
If a beneficiary requests a state determination or refuses to use the SSA application, the state must use its own application and process the case using federal LIS income, family size, and resource rules. The state follows its process for taking applications. The state is then responsible	If a beneficiary requests a state determination or refuses to use the SSA application, the state must use its application and process the case using federal LIS income, family size, and resource rules. Refer to 42 CFR § 423.904 (c). The state follows its process for taking	Rev	modify	N
Each state will send at least one MMA Request file to CMS between the first and the end of the enrollment month. If a State submits only one file, this submittal must be a complete monthly dual eligible enrollment file. If a State chooses to submit multiple files, a State may either submit	Each state will send at least one comprehensive MMA Request file to CMS between the start and the end of the enrollment month including all known dually eligible. beneficiaries and subsequent daily files that include only file accretions, deletions, and changes in dual	Rev	modify	N
By month's end, a complete representation of all dual eligible enrollment in the state for that month. • If the State submits multiple MMA Request files per any given month, once a file has been accepted, any. Subsequent submissions in the	By month's end, all file submissions for the month will result in a complete representation of all dually eligible beneficiaries enrolled in the state for that month. • States submit a full monthly file and subsequent daily (accretions, deletions, and	Rev		N
N/A	o Note: State MMA Request files submitted successfully between 6:00 a.m. – 5:30 p.m. (ET) will be processed the same day. MMA Response files are processed and sent to states between 9:00 a.m. -10:00 a.m. (ET) the following day. o Files received after 5:30 p.m. (ET) will be	Rev	Add	N
State File Cutoff Processing Times 6:00 pm weekdays	State File Cutoff Processing Times 5:30 pm	Rev	revision	N

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Retro DET Records	5.2 Retro DET Records + new section with examples of most common situations	Rev	Add	N
Prospective Ful Dual Eligibles	Prospective Full-Benefit Dually Eligible Individuals	Rev	revision	N
N/A	Dual Status Codes - new section 5.7	Rev	Add	N
N/A	Part Immunosuppressive Drug (Part B) - new section 5.8	Rev	Add	N
After searching to find a match for the beneficiary, the primary match routine returns a response to the MBDSS State Phase Down process indicating the outcome of the search. Based on the response it receives, the MBDSS State Phase Down process will take the following	After searching to find a match for the beneficiary, the primary match routine returns a response to the MBD State Phased-Down process indicating the outcome of the search.	Rev	revision	N
The Institutional Status Indicator is an indicator of nursing facility, ICFMR (inpatient psychiatric hospital), or Most non-institutionalized dually eligible beneficiaries pay small co-payments for prescription drugs covered under Medicare Part	The indicator represents a full-benefit dually eligible beneficiary who receives Medicaid-covered nursing facility, (inpatient psychiatric hospital), or certain HCBS care. This field, located at item 17 on the MMA Request File, establishes which full-benefit dually eligible	Rev	revision	N
6.2 MMA Request File Dataset Naming Coventions - Deleted		Rev	deletion	N
MMA Request File Layout - Beneficiary dual status codes 09 – Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage, includes Pharmacy Plus and 1115 drug-only demonstration.	MMA Request File Layout - Beneficiary dual status codes delete 09	Rev	deletion	N

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MMA Response File Specifications This file will be automatically returned to the state upon the successful processing of aan MMA Request File through the same electronic file transfer used to submit the file to CMS. There may be a delay in sending the response	MMA Response File specifications This file will be automatically returned to the state upon the successful processing of an MMA Request File through the same electronic file transfer used to submit the file to CMS. Unexpected system issues or planned outages	Rev	add	N
Section 7.2.4 Plan Benefit Package Enrollment	Section 7.2.4 Plan Benefit Package Enrollment - removed the Updated list of values Beneficiary Enrollment Type Code (item 211	Rev	deletion	N
7.3 MMA Response File Dataset Naming Convetions - MMA Response File Dataset Naming conventions	7.3 MMA Response File Dataset Naming Conventions - Remove MMA Response File Dataset Naming Conventions	Rev	deletion	N
Beneficiary Enrollment Type Code	Beneficiary Enrollment Type Code -change D System Generated enrollment to CMS Annual Rollover I Non-MMP Plan to I - Invalid Submitted Value M Default for FA Demo Plan to Default for Financial Alignment Demeo Plan	Rev	revision	N
MMA Response File Detail Record	Add item 342 - Date Beneficiary Last Used the Dual/LIS Special Election Period (Election Type "L"	Rev	add	N
8.1 BEQ Request File Dataset Naming Convention	8.1 Remove BEQ Reques File Dataset Naming Conventions	Rev	deletion	N
9.1 BEQ Response File Dataset Naming Convention	9.1 Remove BEQ Response File Dataset Naming Conventions	Rev	deletion	N
9.3 BEQ Response File Detail Record Layout	9.3 BEQ Response File Detail Record Layout - add Medicare Part A Entitlement Dates (2nd occurrence in Positions 1735-1750) Medicare Part B Entitlement Dates (2nd occurrence in Positions 1751-1766)	Rev	Add	N

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BEQ Response File Detail Record Layout Item 155 Values: A – Part D: Auto -enrolled by CMS. B –: Beneficiary election. C – Part D: Facilitated enrollment by CMS. D – System-Generated Enrollment/D; CMS Annual	BEQ Response File Detail Record Layout Item 155 Values: A – Auto -enrolled by CMS. B –: Beneficiary election. C – Facilitated enrollment by CMS. D – CMS Annual Rollover	Rev	revise		N
9.3 BEQ Response File Detail Record Layout	9.3 BEQ Response File Detail Record Layout - add Medicare Part A Entitlement Dates (1st occurrence in Positions 48-63) Medicare Part B Entitlement Dates (1st occurrence in Positions 64-79)	Rev	add		N
10.1 TBQ Request File Dataset Naming conventions	10.1 TBQ Request File Dataset Naming conventions - removed	Rev	deletion		N
10.1 TBQ Response File Dataset Naming conventions	10.1 TBQ Response File Dataset Naming conventions - removed	Rev	deletion		N
11.3 Note: The Medicare Beneficiary Identifier (MBI), items 256-265, will not be populated until February 2018.	Note deleted.	Rev	deletion		N
TBQ Response File Detail Record, Item 72, Beneficiary's Part B Enrollment Reason Code (Occurrence 1)	TBQ Response File Detail Record, Add P= Part B Immunosuppresive Drug (PART B-ID)	Rev	Add		N
TBQ Response File Detail Record	TBQ Response File Detail Record, Add Item 286, Date Beneficiary Last Used the Dual/LIS SEP (Election Type "L"	Rev	Add		N
12.1 Puerto Rico Dual Eligibles Request File Dataset Naming Conventions	12.1 Puerto Rico Dual Eligibles Request File Dataset Naming Conventions - removed	Rev	deletion		N

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12.5 Puerto Rico Dual Eligibles Response File Dataset Naming Conventions	12.1 Puerto Rico Dual Eligibles Response File Dataset Naming Conventions - removed	Rev	deletion	N
12.7 Note: The Medicare Beneficiary Identifier (MBI), items 256-265, will not be populated until February 2018.	Note deleted.	Rev	deletion	N
Glossary - Managed Care Organization (MCO) A type of contract under which CMS pays for each beneficiary, based on demographic characteristics and health status; also referred to as Risk In a Risk contract, the MCO accepts the risk if the payment does not cover the cost of services, but keeps the difference, if the payment is greater than the cost of	Glossary - Managed Care Organization (MCO) A type of Medicare Part C or D contract under which CMS pays for each beneficiary, based on demographic characteristics and health status; also referred to as Risk contract. In a Risk contract, the MCO accepts the risk if the payment does not cover the cost of services, but keeps the difference (subject	Rev	revision	N
Glorssary -Medicaid A jointly funded, Federal-State health insurance program for certain low-income and needy people. It covers approximately 36 million beneficiaries including children, the aged, blind, and/or disabled, and people eligible to receive Federally assisted income maintenance payments.	Glorssary -Medicaid A jointly funded, Federal-State health insurance program for certain low-income people. It covers approximately 72.2 million beneficiaries.	Rev	Revision	N

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