

Medicare Modernization Act (MMA) File Retroactive Detail Records

The Centers for Medicare & Medicaid Services (CMS) and state Medicaid agencies (“states”) exchange data on people who are dually eligible for Medicare and Medicaid (i.e., dually eligible beneficiaries) to support Federal and state functions. CMS uses the information on the MMA file to:

- Identify full- and partial-benefit dually eligible beneficiaries.
- Deem dually eligible beneficiaries automatically eligible for the Medicare Part D Low Income Subsidy (LIS).
- Calculate the state phasedown “clawback” amount.¹
- Calculate the dual status risk adjustment for dual status for capitation payments to Medicare Advantage plans.
- Alert providers and qualified Medicare beneficiaries of the prohibition on billing for Medicare cost-sharing.

It is important that states send accurate information for dually eligible beneficiaries for the current month of submission. However, states will often need to send records for retroactive months as well.

What Are Retroactive Detail Records?

States must include an enrollment detail record (DET) on the file submission for each known dually eligible beneficiary for the current reporting month. The retroactive detail record allows the state to report information on changes in beneficiaries’ circumstances that were effective in one or more prior months.

CMS requires states to submit retroactive records in their files to cover any unreported prior-month changes in one or more of the following values as soon as possible:

- Eligibility status (including Medicaid eligibility and dual status).
- Institutional status indicator (including Home- and Community-Based Services (HCBS)).
- Federal Poverty Level (FPL) percentage indicator.

A complete person-month record for the beneficiary must be submitted for the current month and additional months, as needed, to provide a replacement record for the effective month(s) and year of the change. Normally, CMS is only able to process MMA file records up to 36 months before

¹ This is the states’ monthly payment to the Federal Government for a portion of the drug expenditure for individuals whose Medicaid drug coverage has been assumed by Medicare Part D.

the current reporting month; any records older than 36 months will be rejected. If the state has MMA records older than 36 months, please contact MMCO_MMA@cms.hhs.gov to discuss.

Examples

Here is an example of an eligibility status change that would lead to a retroactive change:

A state has reported a beneficiary as having eligibility status for the first time in February 2020. The state later determines that the first full month of eligibility was January 2020, and that no other data for January was different. The state sends a retroactive detail record showing this update; the record would change only the eligibility month/year field and maintain all other fields from the February 2020 record.

In the following illustration of this example, you will see that a state would identify the retroactive records in the monthly file by the effective month and year to which the retroactive record data are to be applied. The state would submit a detail record for the current month and a new record for the effective month(s) of change. The state corrects the “Elig M/Y,” which should be the only field that changes. All other data fields remain the same.

February File Submission for Current Month								
Record ID Code	Elig M/Y	Elig Status	Bene ID	Gender	Date of Birth	Dual Status Code	FPL % Indicator	Institutional Status Indicator
DET	022020	Y	4K88L84HXXX	F	12011950	2	1	Y
March File Submission for Current Month								
Record ID Code	Elig M/Y	Elig Status	Bene ID	Gender	Date of Birth	Dual Status Code	FPL % Indicator	Institutional Status Indicator
DET	032020	Y	4K88L84HXXX	F	12011950	2	1	Y
DET	012020	Y	4K88L84HXXX	F	12011950	2	1	Y
DET	022020	Y	4K88L84HXXX	F	12011950	2	1	Y

Abbreviated MMA Request file layout used for demonstration purposes.

Now suppose that there is a retroactive change to a beneficiary’s dual status code:

*A state has reported a beneficiary as having a dual status code of 02 (QMB-plus) in February 2020. The state later determines that a change in the beneficiary’s dual status code occurred 2 months before the reporting month and their dual status code was 08 (Other full benefit dual eligible) beginning in December 2019. The state sends a retroactive detail record showing this update; the file would maintain all fields from the December 2019 to February 2020 records and change **only** the dual status code field.*

As you can see in the following graphic, a state would identify the retroactive records in the monthly file by the effective month and year to which the retroactive record data are to be applied. The state would submit a detail record for the current month and a new record for the effective months of change (i.e., December 2019 to February 2020). The state would correct the “Elig M/Y” and “Dual Status Code” field, while all other fields would remain the same.

February File Submission for Current Month								
Record ID	Elig				Date of	Dual	FPL %	Institutional
Code	Elig M/Y	Status	Bene ID	Gender	Birth	Status Code	Indicator	Status Indicator
DET	022020	Y	4K88L84HXXX	F	12011950	2	1	Y
March File Submission for Current Month								
Record ID	Elig				Date of	Dual	FPL %	Institutional
Code	Elig M/Y	Status	Bene ID	Gender	Birth	Status Code	Indicator	Status Indicator
DET	032020	Y	4K88L84HXXX	F	12011950	8	1	Y
DET	022020	Y	4K88L84HXXX	F	12011950	8	1	Y
DET	012020	Y	4K88L84HXXX	F	12011950	8	1	Y
DET	122019	Y	4K88L84HXXX	F	12011950	8	1	Y
<i>Abbreviated MMA Request file layout used for demonstration purposes.</i>								

Resources

- The [Medicare Advantage Prescription Drug \(MAPD\) State User Guide \(SUG\)](#) provides technical information and file layouts for the MMA Request and Response files.
 - Sections 4–7, on the MMA File, and Section 5.2.2., Retro DET Records, specifically address how to submit changes on a record that were effective in the prior month.
- The State Data Resource Center (SDRC) provides technical assistance to states to support their use of Medicare data for Medicare–Medicaid care coordination and program integrity purposes: <https://statedataresourcecenter.com/pages/mma-information/>.

Who Can I Contact With Questions?

- For technical assistance, please contact CMS’ Medicare Advantage Prescription Drug (MAPD) Help Desk at (800) 927-8069 or MAPDHelp@cms.hhs.gov.
- For policy questions, please contact MMCO_MMA@cms.hhs.gov.