

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



Office of Information Services

DATE: December 29, 2008

TO: Medicare Advantage Organizations and Cost Plans

FROM: Alan Constantian, Director /s/
Information Services Design and Development Group

SUBJECT: Full-Dual File for MA Organizations and Cost Plans

CMS will provide the January 2009 full-dual file for Auto Assignments to MA organizations and cost plans on or about Saturday, January 3, 2009. This cumulative monthly file identifies organizations' enrollees who are full-benefit dual eligibles, whom the MA organization or 1876 cost plan must facilitate enrollment into the organization's Medicare Part D benefit.

CMS will "PUSH" the file to plans, as in the past, either through Gentran or Connect:Direct (NDM), depending upon the file transmission mechanism established with each plan.

You will also not receive the Full Dual file if you have not established connectivity AND returned the verification letter to the CSMM (MMA) Help Desk. If either of these conditions applies, the Plan should **immediately** contact the MMA Help Desk at MMAHelp@cms.hhs.gov or call 1-800-927-8069.

PLEASE NOTE: The Full Dual file name includes a date/time stamp. The file naming standards for receiving your files are as follows:

Gentran: P.Rxxxxx.#ADUA4.Dyymmdd.Thhmsst.pn
where xxxxx is the plan number, yymmdd is the date of the transmission, hhmsst is the time of the transmission, and pn is a 5 byte numeric process number.

Connect:Direct (Mainframe):

zzzzzzzz.Rxxxxx.#ADUA4.Dyymmdd.Thhmsst

where zzzzzzzz is a Site-specific High Level Qualifier, xxxxx is the plan number, yymmdd is the date of the transmission, and hhmsst is the time of the transmission.

Connect:Direct (Non-Mainframe):

[directory]Rxxxxx.#ADUA4.Dyymmdd.Thhmsst

where 'directory' is a Site-specific directory name, xxxxx is the plan number, yymmdd is the date of the transmission, and hhmsst is the time of the transmission.

CMS has directed the following organizations to auto/facilitate enroll LIS beneficiaries in their MA-only plan into MA-PD plans or cost plan Part D optional supplemental benefit:

- Medicare Advantage organizations that offer MA-only plans;
- MA Private Fee for Service organizations that offer at least one plan with a Part D benefit; and
- 1876 cost plans that offer at least one plan with a Part D optional supplemental benefit.

The organization must first identify LIS beneficiaries in its MA-only plan cost plan without Part D (e.g. who are on the LIS bi-weekly report). The organization must then determine the subset who are full-dual eligibles, which can be done by consulting the monthly MA full dual file. Please note the MA full dual file identifies those who have been full-benefit dual eligibles at any time during the calendar year. The organization must distinguish between the two populations because the effective date is calculated differently for full dual eligibles the organization auto-enrolls versus non-full dual eligibles with LIS for whom the organization facilitates enrollment.

Details on the requirements for MA auto/facilitated enrollment can be found in the Medicare Managed Care Manual Chapter 2 (Medicare Advantage Enrollment and Disenrollment), sections 40.1.6 and 40.1.7 respectively. The manual is on our website at <http://www.cms.hhs.gov/MedicareMangCareEligEnrol/>. For details on MA full dual and LIS bi-weekly file formats, please consult the Plan Communications User Guide, on our website at http://www.cms.hhs.gov/MMAHelp/02_Plan_Communications_User_Guide.asp

Organizations with questions should call the MMA Help Desk at 1-800-927-8069, or e-mail them at MMAHelp@cms.hhs.gov.