DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS/
CENTERS for MEDICARE & MEDICAID SERVICES

Center for Medicaid and State Operations

SMDL #02-001

January 9, 2002

Dear State Medicaid Director:

The purpose of this letter is to provide you with updated information you will need to request a customized extract from the Medicare Enrollment Database (EDB) for your State, which is the established mechanism for states to access Medicare Enrollment files. This letter supercedes previous letters, dated June 21, 2000, and September 6, 2000, from the Centers for Medicare & Medicaid Services (CMS) on the same subject. We have improved the computer matching capability of our systems to produce a more complete and accurate matching of Medicaid beneficiary files with the EDB in order to identify dually-eligible individuals and we have developed an updated data use agreement (DUA) tailored specifically for EDB extracts. These materials and associated instructions are attached. Please note that if you have already signed an updated DUA for this purpose, you do not need to sign another one.

In order to ensure that the CMS Data Center can efficiently and effectively process state requests, while also ensuring that states receive timely and accurate dual-eligible matches, we have also developed submittal parameters (frequency and volume) for submitting EDB finder files as follows:

- To begin, on a one-time-only basis, each state may submit an initial finder file of their COMPLETE Medicaid population (active and inactive) dating back no more than 36 months. This will enable the state to verify both who their current dual eligibles are as well as any residual possible Medicare third party liabilities that had not been previously pursued.

- Then, each state may submit a monthly finder file, containing only active Medicaid beneficiaries who are over age 20. There are so few Medicare beneficiaries under 20 (fewer than 10,000 nationwide) that the one-time-only submittal noted above and the annual update submittal noted in the next bullet will capture them, thus eliminating the need to submit large files of Medicaid beneficiaries under the age of 20 on a monthly basis. While we expect that this reduced monthly volume will make it possible for CMS to manage monthly submittals, we will monitor the monthly workload, and if any adjustments are needed, we will communicate with you before any changes are made.

- After the first submission described in the first bullet, each state may submit on an annual basis <u>all</u> current active (including under age 20) and inactive Medicaid beneficiaries who have been inactive during the previous <u>12-month period from the date of submission</u> to match against the EDB for Medicare entitlement and enrollment data.

Taken together, this schedule for finder file submissions will provide the states with very timely, accurate and complete data on their dual eligible beneficiary populations. This represents a real improvement in our customer service to states while at the same time bringing efficiencies and economies to the operation of the CMS Data Center. We also want to stress that this procedure does not preclude you from making special requests for Medicare data under separate DUAs.

For those states that have not yet signed new data use agreements, the materials needed to participate in this improved dual eligible data matching process include:

- Updated EDB Customized File Process and Steps for States to take (Enclosure A).

- an updated Data Use Agreement (DUA) template (Enclosure B), which is returned to CMS for approval. The enclosed package includes instructions for preparation of a DUA (Enclosure C);

- the record specification for the EDB Customized State File (Enclosure D); and

- CMS policy for submitting EDB finder file (as described above) (Enclosure E).

Please send your completed and signed DUA to Rebecca (Goldy) Rogers at the address specified in item 1 of Enclosure A, and a copy of the cover letter, only, to Andrea Armstead, whose address is also given in Enclosure A.

Once your DUA has been approved, you will be asked to submit a test file of beneficiary SSNs, following the format in item 5 of Appendix D. The test file will assure that data matches can be performed smoothly in the future. Please contact Dural Suite at (410) 786-0122 to discuss how the file will be conveyed to CMS. This file may not be transmitted over the Internet.

It will take approximately three weeks for CMS to respond to States after processing the test files. After your test file is approved you will be able to submit files of Medicaid eligibles according to the schedule described above (and in Enclosure E), which CMS will match against the EDB.

If you have any questions about any aspect of this process, please direct them to Rebecca (Goldy) Rogers at (410) 786-6450, or to one of the individuals listed in Enclosure A, as appropriate.

Sincerely,

/s/

Dennis G. Smith
Director

Enclosures

cc:

CMS Regional Administrators

CMS Associate Regional Administrators
  for Medicaid and State Operations

Lee Partridge
Director, Health Policy Unit
American Public Human Services Association

Joy Wilson
Director, Health Committee
National Conference of State Legislatures

Matt Salo
Director of Health Legislation
National Governors Association

Brent Ewig
Senior Director, Access Policy
Association of State and Territorial Health Officials

Jennifer King
Director, Health and Human Services Task Force
American Legislative Exchange Council

ENCLOSURE A

UPDATED EDB CUSTOMIZED FILE REQUESTS: STEPS TO FOLLOW

1.   The State should submit a request letter with a detailed justification for the data and the original signed Data Use Agreement (DUA) to the Centers for Medicare and Medicaid Services (CMS). See the attached DUA with instructions. This should be submitted to:

Rebecca (Goldy) Rogers (Complete Package)
S3-13-15
7500 Security Blvd.
Baltimore, MD 21244-1850
(410) 786-6450

Andrea Armstead (request letter only)
S1-05-06
7500 Security Blvd.
Baltimore, MD 21244-1850
(410) 786-7851

At the same time the State is submitting the DUA and request letter with the detailed data justification, the State should pursue the option of setting up NDM (connect-direct) service with CMS in lieu of submitting data files via US Mail. Please contact Dural Suite (410) 786-0122 for guidance on establishing electronic data transmissions as well specific information on sending in an initial test file.

2.   CMS will review the DUA and justifications. The State will be contacted to clarify any questions CMS may have. Once the DUA and data justifications are approved, the DUA will be signed by the CMS representative and assigned a DUA number. Please allow 2 to 4 weeks for initial processing of the DUA and justification.

3.   A completed copy of the DUA with the assigned DUA number will be returned to the State.

4.   The State's **test** finder file should contain no more than 100 records. Please see ENCLOSURE D for a record description.

ENCLOSURE B:

DATA USE AGREEMENT

BETWEEN CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) AND THE

STATE OF

AGREEMENT FOR USE OF CMS DATA CONTAINING INDIVIDUAL-SPECIFIC INFORMATION

In order to secure data that resides in a CMS Privacy Act System of Records, and in order to ensure the integrity, security, and confidentiality of information maintained by CMS, and to permit appropriate disclosure and use of such data as permitted by law, CMS and _____, enter into this agreement to comply with the following specific paragraphs.

1. This Agreement is by and between CMS, a component of the U.S. Department of Health and Human Services (DHHS), and _____, hereinafter termed "User."

2. This Agreement addresses the conditions under which CMS will disclose and the User will obtain and use the CMS Enrollment Database (EDB) Customized State File specified in section 7. This Agreement supersedes any and all agreements between the parties with respect to the use of the EDB Customized State File, and preempts and overrides any instructions, directions, agreements, or other understanding in or pertaining to any grant award or other prior communication from the Department of Health and Human Services or any of its components with respect to the data specified herein. Further, the terms of this Agreement can be changed only by a written modification to this Agreement, or by the parties adopting a new agreement. The parties agree further that instructions or interpretations issued to the User concerning this Agreement or the data specified herein, shall not be valid unless issued in writing by the CMS point-of-contact specified in section 5, or the CMS signatory to this Agreement shown in section 20.

3. The parties mutually agree that CMS retains all ownership rights to the data file(s) referred to in this Agreement, and that the User does not obtain any right, title, or interest in any of the data furnished by CMS.

4. The parties mutually agree that the following named individual is designated as "Custodian" of the file(s) on behalf of the User, and will be personally responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in this Agreement to prevent unauthorized use. The User agrees to notify CMS within fifteen (15) days of any change of custodianship. The parties mutually agree that CMS may disapprove the appointment of a custodian, or may require the appointment of a new custodian at any time.

    _____
(Name of Custodian)

_____
(Company/Organization)

_____
(Street Address)

_____
(City/State/ZIP Code)

_____
(Phone Number Including Area Code and E-mail Address if applicable)

5. The parties mutually agree that the following named individual will be designated as "point-of-contact" (or "System Manager") for the Agreement on behalf of CMS.

_____
(Name of Contact)

_____
(Title/Component)

7500 Security Blvd.
(Street Address)

Baltimore, MD 21244-1850
(City/State/ZIP Code)

_____
(Phone Number Including Area Code and E-mail Address if applicable)

6. The User represents, and in furnishing the EDB Customized State File, CMS relies upon such representation, that this file(s) will be used solely for the purpose(s) outlined below.

    The EDB Customized State File is used for the following:

    A. To enable the User to identify Medicare individuals who are potentially eligible for inclusion in a State Buy-In account, including Qualified Medicare Beneficiaries (QMBs), and

    B. To identify Medicare/Medicaid dually eligible individuals for whom Medicaid has secondary payer liability by:

        (1) Obtaining a beneficiary's correct health insurance claim number (HICN),
        (2) Verifying a beneficiary's name, date of birth and address, social security number, State buy-in indicator code, Railroad Board indicator code,
        (3) Avoiding duplicate claims payments by screening pre-payment of Medicaid claims, and

(4)   Enabling recoupment of payments by reviewing post payment of Medicaid claims.

C.   To support the development of risk adjustment factors which are a necessary element in establishing capitation rates or prospective payment levels, and which contribute to sound fiscal planning and the evaluation of future program initiatives.

The User represents further that, except as specified in an Enclosure to this Agreement or except as CMS shall authorize in writing, the User shall not disclose, release, reveal, show, sell, rent, lease, loan, or otherwise grant access to the data covered by this Agreement to any person(s). The User agrees that, within the User organization, access to the data covered by this Agreement shall be limited to the minimum number of individuals necessary to achieve the purpose stated in this section and to those individuals on a need-to-know basis only. Disclosure of this data is made pursuant to:

- Freedom of Information Act (5 U.S.C. Section 552)
- Privacy Act (5 U.S.C. Section 552a)
- Section 1106 of the Social Security Act (42 U.S.C. Section 1306)
- Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503)
- Section 1843 of the Social Security Act (42 U.S.C. Section 1395v)

7. CMS will provide the User with the EDB Customized State File, which is an extract from the Health Insurance Master Record (HIMR), System Number 09-07-0502. CMS warrants that the file is accurate to the extent possible. Beneficiaries included in the EDB Customized State File will vary from State to State depending on the number of Medicare beneficiaries residing in the State, present or past and on the size of the finder file submitted for the given month. The following files are covered under this Agreement:

    EDB Customized State File   Current

8. The parties mutually agree that the aforesaid file(s) (and/or any derivative file(s) [includes any file that maintains or continues identification of individuals]) may be retained by the User only for the period of time required for any processing related to matching under this Agreement. The User agrees to notify CMS within 30 days of the completion of the purpose specified above in section 6. Upon such notice, CMS will notify the User either to return all data files to CMS at the User's expense, or to destroy such data. If CMS elects to have the User destroy the data, the User agrees to certify the destruction of the files in writing within 30 days of CMS's instruction. A statement certifying this action *must* be sent to CMS. If CMS elects to have the data returned, the User agrees to return all files to CMS within 30 days of receiving notice to that effect. The User agrees that no data from CMS records, or any parts thereof, shall be retained when the aforementioned file(s) are returned or destroyed unless authorization in writing for the retention of such file(s) has been received from the appropriate Systems Manager or the person designated in section 20 of this Agreement. The User acknowledges that stringent adherence to the aforementioned information outlined in this paragraph is required. The User further acknowledges that the EDB Customized State File received for any previous periods, and all copies thereof, must be destroyed upon receipt

of an updated version, and verification made to CMS. Certification of the destruction of these files is required in writing within 30 days of such destruction.

9. The User agrees to establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data, and to prevent its unauthorized use or access. The safeguards shall provide a level and scope of security that is not less than the level and scope of security established by the Office of Management and Budget (OMB) in OMB Circular No. A-130, Appendix III--Security of Federal Automated Information Systems (http://www.whitehouse.gov/omb/circulars/a130/a130.html), which sets forth guidelines for security plans for automated information systems in Federal agencies. The User acknowledges that the use of unsecured telecommunications, including the Internet, to transmit individually identifiable or deducible information derived from the file(s) specified above in section 7 is strictly prohibited. Further, the User agrees that the data must not be physically moved or transmitted in any way from the site indicated above in section 4, without written approval from CMS.

10. The User agrees that the authorized representatives of CMS, DHHS Office of the Inspector General or Comptroller General, will be granted access to premises where the aforesaid file(s) are kept for the purpose of inspecting security arrangements confirming whether the User is in compliance with the security requirements specified in section 9 above.

11. The User agrees that no findings, listing, or information derived from the file(s) specified in section 7, with or without identifiers, may be released if such findings, listing, or information contain any combination of data elements that might allow the deduction of a beneficiary's identification, without first obtaining written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement. (Examples of such data elements include, but are not limited to, address, sex, age, medical diagnosis, procedure, admission/discharge dates, date of death, etc.) The User agrees further that CMS shall be the sole judge as to whether any finding, listing, or information, or any combination of data extracted or derived from CMS's files identifies or would, with reasonable effort, permit one to identify an individual or to deduce the identity of an individual with a reasonable degree of certainty.

12. The User agrees that, absent express written authorization from the appropriate System Manager or the person designated in section 20 to do so or as outlined in this agreement, the User shall make no attempt to link records included in the file(s) specified in section 7 to any other identifiable source of information. This includes attempts to link to other CMS data files.

13. The User understands and agrees that they may not reuse original or derivative data file(s) without prior written approval from the appropriate System Manager or the person designated in section 20 of this Agreement.

14. The parties mutually agree that the following specified Enclosures are part of this Agreement:
    - The Federal Register notice which includes the routine use for disclosure of information in the system to a state agency, an agency of a state government, an agency established by state law, or its fiscal agent.

15. The User agrees that in the event CMS determines or has a reasonable belief that the User has made or may have made disclosure of the aforesaid file(s) that is not authorized by this Agreement, or other written authorization from the appropriate Systems Manager or the person designated in section 20, CMS in its sole discretion may require the User to: (a) promptly investigate and report to CMS the User's determinations regarding any alleged or actual unauthorized disclosure, (b) promptly resolve any problems identified by the investigation; (c) if requested by CMS, submit a formal written response to an allegation of unauthorized disclosure; (d) if requested by CMS, submit a corrective action plan with steps designed to prevent any future unauthorized disclosures; and (e) if requested by CMS, return data files to CMS immediately. The User understands that as a result of CMS's determination or reasonable belief that unauthorized disclosures have taken place, CMS may refuse to release further CMS data to the User for a period of time to be determined by CMS.

16. The User hereby acknowledges that criminal penalties under § 1106(a) of the Social Security Act (42 U.S.C. § 1306(a)), including a fine not exceeding $10,000 or imprisonment not exceeding 5 years, or both, may apply to disclosures of information that are covered by § 1106 and that are not authorized by regulation or by Federal law. The User further acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a(i) (3)) may apply if it is determined that the Requestor or Custodian, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Any person found guilty under the Privacy Act shall be guilty of a misdemeanor and fined not more than $5,000. Finally, the User acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641 if it is determined that the User, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing

    that they were stolen or converted. Under such circumstances, they shall be fined under Title 18 or imprisoned not more than ten years, or both.

17. By signing this Agreement, the User agrees to abide by all provisions set out in this Agreement for protection of the data file(s) specified in section 7, and acknowledges having received notice of potential criminal and administrative penalties for violation of the terms of the Agreement.

18. On behalf of the User, the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all the terms specified herein. This agreement shall be effective 40 days after notice of routine use is sent to Congress and OMB, or 30 days after publication of this notice in the Federal Register, or upon signature by both parties, whichever is latest. The duration of this Agreement is two years from the effective date. The User also acknowledges that this agreement may be terminated at any time with the consent of both parties involved. Either party may independently terminate the agreement upon written request to the other party, in which case the termination shall be effective 90 days after the date of the notice, or at a later date specified in the notice.

_____
(Name/Title of Individual)

_____
(State Agency/Organization)

_____
(Street Address)

_____
(City/State/ZIP Code)

_____
(Phone Number Including Area Code and E-mail Address if applicable)

_____
Signature   Date

19. The Custodian, as named in section 4, hereby acknowledges his/her appointment as Custodian of the aforesaid file(s) on behalf of the User, and agrees personally and in a representative capacity to comply with all of the provisions of this Agreement on behalf of the User.

_____
(Typed or Printed Name of Custodian)

_____
Signature   Date

20. On behalf of CMS, the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all the terms specified herein.

_____
(Typed or Printed Name and Title of CMS Representative)

_____
Signature

INSTRUCTIONS FOR COMPLETING THE DATA USE AGREEMENT (DUA)

This agreement is needed in order for you to receive the Enrollment Database Customized State File to ensure compliance to the requirements of the Privacy Act, and must be completed prior to the release of file.

Directions for the completion of the agreement follow:

- **First paragraph, enter the Name of the State Agency.**

- **Item #1, enter the Name of the State Agency.**

- **Item #4, enter the Custodian Name, State Agency Department/Organization, Address, Phone Number (including area code), and E-Mail Address (if applicable). The Custodian of files is defined as that person who will have actual possession of and responsibility for the data files. This section should be completed even if the Custodian and Requestor are the same.**

- **Item #18 is to be completed by Requestor.**

- **Item #19 is to be completed by Custodian.**

- **Item #20 will be completed by the CMS representative.**

If you have any questions about the DUA or need any assistance completing the DUA, please contact Kim Elmo on (410) 786-0161. Submit the original signed DUA and request letter to:

Rebecca (Goldy) Rogers
S3-13-15
7500 Security Boulevard
Baltimore, MD 21244-1850

ENCLOSURE D

EDB INPUT FINDER FILE DESCRIPTION

File Name: OIS/DID STATE SSN INPUT FILE			Date: January 3, 2001	
Record Name: OIS/DID STATE SSN RECORD			(Page 1 of 1)	
FIELD	**Size**	**Usage**	**Location in File**	**Remarks**
1. Social Security Number	9	alphanumeric	1 - 9	REQUIRED, ascending sequence
2. State's Requestor Id	8	alphanumeric	10 - 17	REQUIRED and constant in every record. The first two positions should contain the state's code (AZ, NY, etc)
3. Beneficiary's State Identification Number	25	alphanumeric	18 - 42	REQUIRED. Left justified. Blank filled.
4. Beneficiary's Birth Date	8	alphanumeric	43 - 50	OPTIONAL, YYYYMMDD
5. Beneficiary's Sex Code	1	alphanumeric	51	OPTIONAL, 1- Male, 2-Female
6. Beneficiary's Given Name	6	alphanumeric	52 - 57	OPTIONAL, Left justified. Blank filled.
7. Beneficiary's Surname	6	alphanumeric	58 - 63	OPTIONAL, Left justified. Blank filled.
8. File Creation Year/Month	4	alphanumeric	64 - 67	OPTIONAL, YYMM
9. State Miscellaneous Data	13	alphanumeric	68 - 80	For State Use

EDB OUTPUT FILE DESCRIPTION

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FILE:
RECORD FORMAT: FB  RECORD LENGTH: 1005  BLOCK SIZE: 27135

FIELD NAME                       LOC  SIZE  TYPE OCC    FORMAT/VALUES
-----------------------------------------------------------------------
*** FINDER RECORD ***             1    80   CHAR
STATE-SSN-NUM                     1     9   CHAR
STATE-REQ-ID                            8   CHAR
STATE-BENE-ID-NUM                      25   CHAR
STATE-BIRTH-DT                          8   CHAR
STATE-SEX-CD                            1   CHAR
STATE-GVN-NAME                          6   CHAR
STATE-SUR-NAME                          6   CHAR
STATE-CREATE-YYMM                       4   CHAR
STATE-MISC-DATA                        13   CHAR


*** FINDER STATUS ***            81     1   CHAR
FINDER STATUS CODE:              81     1   NUM        012345678
  0 = NOT ON FILE
  1 = BENE_CLM_NUM: EXACT MATCH
  3 = BENE_CLM_NUM: EQUATABLE BIC MATCH
  2 = XREF_CLM_NUM: EXACT MATCH
  4 = XREF_CLM_NUM: EQUATABLE BIC MATCH
  5 = BENE_SSN_NUM MATCH (USING PRIMARY BIC)
  8 = NO BIC: ALL FAMILY MEMBERS MATCHED


*** BENEFICIARY IDENTIFICATION   82   209   CHAR
BENE_IDENT_REL                   82   209   CHAR
  BENE_CLM_NUM                   82    11   CHAR
    BENE_CLM_ACNT_NUM           82     9   CHAR
    BENE_IDENT_CD               91     2   CHAR
  BENE_BIRTH_DT                  93     8   DATE       YYYYMMDD
  BENE_DEATH_DT                 101     8   DATE       YYYYMMDD
  BENE_SEX_IDENT_CD             109     1   NUM        210
  BENE_GVN_NAME                 110    15   CHAR
  BENE_MDL_NAME                 125     1   CHAR
  BENE_SRNM_NAME                126    24   CHAR
  BENE_MLG_CNTCT_ADR_CNT        150     2   NUM        0 THRU 6
  BENE_MLG_CNTCT_ADR_MAX        152     2   NUM        6
  BENE_MLG_CNTCT_ADR            154    22   CHAR   6
  BENE_RPRSNTV_PYE_SW           286     1   CHAR       YN
  EDB_BENE_PTA_PRM_PYR_CD       287     1   CHAR       017
  EDB_BENE_PTB_PRM_PYR_CD       288     1   CHAR       0157
  BENE_PTA_NENTLMT_STUS_CD      289     1   CHAR       DFHNPR
  BENE_PTB_NENTLMT_STUS_CD      290     1   CHAR       DNPR
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FIELD NAME                      LOC  SIZE  TYPE OCC    FORMAT/VALUES
-------------------------------------------------------------------------

*** CROSS-REFERENCE NUMBERS ***  291  114  CHAR
XREF_BENE_CLM_ACNT_CNT           291    2  NUM         0 THRU 10
XREF_BENE_CLM_ACNT_MAX           293    2  NUM         10
XREF_BENE_CLM_ACNT_REL           295   11  CHAR  10
  XREF_BENE_CLM_NUM              295   11  CHAR
    XREF_BENE_CLM_ACNT_NUM       295    9  CHAR
    XREF_BENE_IDENT_CD           304    2  CHAR

*** SOCIAL SECURITY NUMBERS ***  405   49  CHAR
BENE_SSN_NUM_CNT                 405    2  NUM         0 THRU 5
BENE_SSN_NUM_MAX                 407    2  NUM         5
BENE_SSN_NUM_REL                 409    9  CHAR   5
  BENE_SSN_NUM                   409    9  NUM

*** PART A ENTITLEMENT ***       454   18  CHAR
BENE_PTA_ENTLMT_REL              454   18  CHAR
  BENE_PTA_ENTLMT_STRT_DT        454    8  DATE        YYYYMMDD
  BENE_PTA_ENTLMT_TRMNTN_DT      462    8  DATE        YYYYMMDD
  BENE_PTA_ENRLMT_RSN_CD         470    1  CHAR
  BENE_PTA_ENTLMT_STUS_CD        471    1  CHAR        CEGSTWXY

*** PART B ENTITLEMENT ***       472   18  CHAR
BENE_PTB_ENTLMT_REL              472   18  CHAR
  BENE_PTB_ENTLMT_STRT_DT        472    8  DATE        YYYYMMDD
  BENE_PTB_ENTLMT_TRMNTN_DT      480    8  DATE        YYYYMMDD
  BENE_PTB_ENRLMT_RSN_CD         488    1  CHAR
  BENE_PTB_ENTLMT_STUS_CD        489    1  CHAR        CFGSTWY

*** HOSPICE COVERAGE ***         490  124  CHAR
BENE_HOSPC_CVRG_CNT              490    2  NUM         0 THRU 5
BENE_HOSPC_CVRG_MAX              492    2  NUM         5
BENE_HOSPC_CVRG_REL              494   24  CHAR   5
  BENE_HOSPC_CVRG_STRT_DT        494    8  DATE        YYYYMMDD
  BENE_HOSPC_CVRG_TRMNTN_DT      502    8  DATE        YYYYMMDD
  BENE_HOSPC_CVRG_PRCSG_DT       510    8  DATE        YYYYMMDD

*** ENTITLEMENT REASON ***       614    9  CHAR
BENE_ENTLMT_RSN_CD_REL           614    9  CHAR
  BENE_ENTLMT_RSN_CD_CHG_DT      614    8  DATE        YYYYMMDD
  BENE_ENTLMT_RSN_CD             622    1  NUM         0123

*** RESIDENCE ***                623   17  CHAR
BENE_RSDNC_REL                   623   17  CHAR
  BENE_RSDNC_CHG_DT              623    8  DATE        YYYYMMDD
  BENE_MLG_CNTCT_ZIP_CD          631    9  CHAR

*** DISABILITY INSURANCE ***     640   17  CHAR
BENE_HCFA_DIB_ENTLMT_REL         640   17  CHAR
  BENE_HCFA_DIB_ENTLMT_STRT_DT   640    8  DATE        YYYYMMDD
  BENE_HCFA_DIB_ENTLMT_END_DT    648    8  DATE        YYYYMMDD
  BENE_DIB_ENTLMT_DT_JSTFCTN_CD  656    1  NUM         0123
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FIELD NAME                      LOC  SIZE  TYPE OCC    FORMAT/VALUES
-------------------------------------------------------------------------


*** GROUP HEALTH ORGANIZATION *  657  214  CHAR
BENE_GHO_ENRLMT_CNT              657    2  NUM         0 THRU 10
BENE_GHO_ENRLMT_MAX             659    2  NUM         10
BENE_GHO_ENRLMT_REL            661   21  CHAR  10
  BENE_GHO_ENRLMT_STRT_DT      661    8  DATE        YYYYMMDD
  BENE_GHO_DISENRLMT_DT        669    8  DATE        YYYYMMDD
  BENE_GHO_CNTRCT_NUM          677    5  CHAR


*** END STAGE RENAL DISEASE      871   17  CHAR
    COVERAGE
BENE_ESRD_CVRG_REL             871   17  CHAR
  BENE_ESRD_CVRG_STRT_DT       871    8  DATE        YYYYMMDD
  BENE_ESRD_CVRG_TRMNTN_DT     879    8  DATE        YYYYMMDD
  BENE_ESRD_TRMNTN_DT_RSN_CD   887    1  CHAR        ABCDE


*** END STAGE RENAL DISEASE      888   16  CHAR
    DIALYSIS
BENE_ESRD_DLYS_REL             888   16  CHAR
  BENE_ESRD_DLYS_STRT_DT       888    8  DATE        YYYYMMDD
  BENE_ESRD_DLYS_STOP_DT       896    8  DATE        YYYYMMDD


*** END STAGE RENAL DISEASE      904   16  CHAR
    TRANSPLANT
BENE_ESRD_TRNSPLNT_REL         904   16  CHAR
  BENE_ESRD_TRNSPLNT_STRT_DT   904    8  DATE        YYYYMMDD
  BENE_ESRD_TRNSPLNT_STOP_DT   912    8  DATE        YYYYMMDD


*** THIRD PARTY PART A HISTORY   920   43  CHAR
BENE_TP_PTA_HSTRY_REL          920   43  CHAR
  BENE_PTA_TP_STRT_DT          920    8  DATE        YYYYMMDD
  BENE_PTA_TP_PRM_PYR_CD       928    3  CHAR
  BENE_PTA_TP_ACRTN_TRANS_CD   931    4  CHAR
  BENE_PTA_TP_ACRTN_ADJSTMT_CD 935    1  CHAR        EL578
  BENE_PTA_TP_ACRTN_BLG_MO_DT  936    6  NUM
  BENE_PTA_TP_TRMNTN_DT        942    8  DATE        YYYYMMDD
  BENE_PTA_TP_DLTN_TRANS_CD    950    4  CHAR
  BENE_PTA_TP_DLTN_ADJSTMT_CD  954    1  CHAR        ELNSY
  BENE_PTA_TP_DLTN_BLG_MO_DT   955    6  NUM
  BENE_PTA_TP_BUYIN_ELGBLTY_CD 961    1  CHAR
  BENE_PTA_TP_RFND_SW          962    1  CHAR        R


*** THIRD PARTY PART B HISTORY   963   43  CHAR
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  BENE_PTB_TP_STRT_DT          963    8  DATE        YYYYMMDD
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  BENE_PTB_TP_ACRTN_ADJSTMT_CD 978    1  CHAR        EL578
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  BENE_PTB_TP_TRMNTN_DT        985    8  DATE        YYYYMMDD
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  BENE_PTB_TP_DLTN_ADJSTMT_CD  997    1  CHAR        ELNSY
  BENE_PTB_TP_DLTN_BLG_MO_DT   998    6  NUM
  BENE_PTB_TP_BUYIN_ELGBLTY_CD 1004   1  CHAR
  BENE_PTB_TP_RFND_SW          1005   1  CHAR        R
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ENCLOSURE E

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)
POLICY FOR SUBMITTING THE
ENROLLMENT DATABASE (EDB) CUSTOMIZED STATE FINDER FILE

This policy applies to the size and frequency of the finder files submitted by the states requesting Medicare entitlement and enrollment data.

- To begin, on a one-time-only basis, each state may submit an initial finder file of their COMPLETE Medicaid population (active and inactive) dating back no more than 36 months. This will enable the state to verify both who their current dual eligibles are as well as any residual possible Medicare third party liabilities that had not been previously pursued.

- Then, each state may submit a monthly finder file, containing only active Medicaid beneficiaries who are over age 20. There are so few Medicare beneficiaries under 20 (fewer than 10,000 nationwide) that the one-time-only submittal noted above and the annual update submittal noted in the next bullet will capture them, thus eliminating the need to submit large files of Medicaid beneficiaries under the age of 20 on a monthly basis. While we expect that this reduced monthly volume will make it possible for CMS to manage monthly submittals, we will monitor the monthly workload, and if any adjustments are needed, we will communicate with you before any changes are made.

- After the first submission described in the first bullet, each state may submit on an annual basis all current active (including under age 20) and inactive Medicaid beneficiaries who have been inactive during the previous 12-month period from the date of submission to match against the EDB for Medicare entitlement and enrollment data.