

Announcement of the Prospective Dual Eligibility File (PDEF)

Dear State Medicaid Agency colleagues,

As states continue to implement Medicare Advantage dual eligible special needs plan (D-SNP) default enrollment processes for dually eligible individuals, timely access to accurate Medicare eligibility information is critical. To support these efforts, CMS is making prospective Medicare eligibility data available to states through the newly established Prospective Dual Eligibility File (PDEF). The PDEF is a tool specific to default enrollment. States and territories can leverage the PDEF to efficiently identify individuals with prospective Medicare eligibility due to age or disability prior to their Medicare eligibility effective date.

CMS determined that the most suitable option for leveraging the same prospective Medicare eligibility data, for the purposes of default enrollment, was to use the same file format as the Territory Beneficiary Query (TBQ) process states currently use to exchange eligibility data with CMS. The new TBQ-formatted PDEF will follow the same structure and format as the current TBQ response file. PDEF differs from the TBQ in that it includes prospective Medicare eligibility data approximately three to five months—and sometimes six months—in advance of an individual's Medicare eligibility effective date.

CMS requires each state that elects to receive the PDEF to complete a short test to validate their ability to receive and ingest the contents of the PDEF. Once this test is completed, CMS will push the PDEF to the state twice a month. The current ad hoc TBQ process has not changed nor is it being discontinued. However, the new TBQ-formatted PDEF uses a "P" in the file header, enabling states to distinguish the bi-monthly TBQ-formatted PDEF from their standard TBQ response files.

As more states seek to implement default enrollment, it is imperative that states identify Medicaid managed care organization (MCO) enrollees eligible for default enrollment and share that data with their D-SNPs approved to accept default enrollment. The PDEF is a tool states can leverage to identify default enrollment eligible individuals and share that data with D-SNP(s) approved to receive default enrollment as described under 42 CFR 422.66(c) and further defined in section 40.1.5 of the [Medicare Advantage and Part D Enrollment and Disenrollment Guidance](#).

In addition, the PDEF also supports timely 60-day enrollee notifications and reduces administrative burden. States utilizing the PDEF receive files that exclude beneficiaries with any of the following indicators in CMS systems:

1. Deceased beneficiaries
 2. Beneficiaries with a history of any previous plan enrollments
 3. Beneficiaries flagged with current unlawful presence or future unlawful presence
 4. Beneficiaries with future Medicare Part A and B entitlement dates that do not match
 5. Beneficiaries with prior Medicare Part A and B entitlement
 6. Beneficiaries with Part A entitlement dates that are prior to the date in which the PDF is produced
 7. Beneficiaries with Part D history
 8. Beneficiaries flagged as incarcerated or having future incarceration
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To learn more about this option, ask questions about it, or request access, please contact the CMS Medicare-Medicaid Coordination Office (MMCO) at MMCO_DSNPOperations@cms.hhs.gov.

Sincerely,

The ICRC and CMS MMCO teams

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The Integrated Care Resource Center is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for individuals dually eligible for Medicare and Medicaid. The state technical assistance activities are coordinated by Mathematica and the Center for Health Care Strategies. For more information, visit www.integratedcareresourcecenter.com.

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