

Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006 through 2016

Prepared by CMS Medicare-Medicaid Coordination Office
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Eleven-year Enrollment Trends: 2006-2016

BACKGROUND

This report is an analysis of trends in the Medicare-Medicaid dually enrolled population and demographic characteristics from 2006 through 2016. It can be found at the CMS Medicare-Medicaid Coordination Office analytics webpage: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>. This report is the third iteration of the original Data Analysis Brief originally issued in February 2013. With three additional calendar-years¹ of data (2014-2016), most of the trends identified in the first two reports have continued; for example:

- 1) the steady escalation in the number of Medicare-Medicaid beneficiaries, from 8.6 million in 2006 to 11.7 million in 2016.
- 2) the increasing proportion of Medicare-Medicaid beneficiaries that are partial-benefit only (from 21.2 percent in 2006 to 28.3 percent in 2016);
- 3) the increasing proportion of Medicare-Medicaid beneficiaries from minority race/ethnicity populations (from 34.5 percent in 2006 to 37.3 percent in 2016); and
- 4) the increasing proportion of Medicare-Medicaid beneficiaries who were under age 65 (from 38.3 percent to 40.6 percent).

This Data Analysis Brief examines the number of beneficiaries who were “ever-enrolled” in both Medicare and Medicaid (i.e., Medicare-Medicaid beneficiaries, also known as dual eligible beneficiaries) for one or more months over the course of each calendar year.² *Please see the detailed tables that form the basis of this report in the accompanying Excel file that is posted on our website.* In this paper, we include the Medicare-only population for comparison purposes. As CMS Medicaid data becomes more current, we plan to eventually expand our comparative analysis to include the similar subpopulations in Medicaid.³

SUMMARY OF KEY FINDINGS

¹ In this report, all results are presented by calendar year, rather than Federal Fiscal Year.

² Please see Attachment B, section 5 for definition of “ever-enrolled”.

³ For comparison to Medicaid only individuals with disabilities, please see reports on chronic conditions and state/national profiles: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>.

- **Total Medicare-Medicaid Beneficiary Population Continues to Grow:** Between 2006 and 2016, the total number of Medicare-Medicaid beneficiaries increased by 35.6 percent, from 8.6 million to **11.7 million**; in comparison, the number of Medicare-only beneficiaries grew by 29.7 percent, from 37.0 million to 48.1 million. Most of the growth among Medicare-Medicaid beneficiaries was attributable to partial-benefit Medicare-Medicaid beneficiaries, a subgroup that increased by **81.7 percent** over these eleven years.
- **Disability status and demographics vary between Medicare-Medicaid beneficiaries and Medicare-only beneficiaries:**
 - Current Disability Status: In 2016, **40.1 percent** of Medicare-Medicaid beneficiaries had disability as their current Medicare status (with or without accompanying ESRD), compared to only 9.3 percent of Medicare-only beneficiaries. From 2006 to 2016, the rate of growth for individuals with disabilities among Medicare-Medicaid beneficiaries was 43.6 percent, as compared to 8.1 percent among Medicare-only beneficiaries. As a result, *among all Medicare-eligible individuals with disability, the proportion who were dually eligible steadily shifted from being a minority in 2006 (44.3 percent) to a majority in 2016 (51.4 percent).*
 - Demographic Information: In 2016, Medicare-Medicaid beneficiaries continue to be more likely to be younger, female, and of race/ethnic minority status, compared to other Medicare beneficiaries.
- **The number of partial-benefit Medicare-Medicaid beneficiaries has increased significantly:** The number of partial-benefit⁴ Medicare-Medicaid beneficiaries escalated from 1.8 million in 2006 to **3.3 million** in 2016, a growth rate of 81.7 percent. This rate is more than triple the 23.3 percent growth rate among full-benefit Medicare-Medicaid beneficiaries, a subpopulation that increased from 6.8 million in 2006 to **8.4 million** in 2016. Thus, while both full- and partial-benefit Medicare-Medicaid beneficiaries have been steadily increasing in number over time, there has been a significant shift in the composition, with those with partial benefits accounting for 21.2 and 28.3 percent of all Medicare-Medicaid dual beneficiaries, in 2006 and 2016, respectively.⁵

DETAILED RESULTS AND TRENDS

This section summarizes enrollment trends among persons who are dually enrolled in both Medicare and Medicaid at any given point during the course of a given calendar year. These “ever-enrolled” Medicare-

⁴ See Attachment B, sections 3-4, for definition of “Partial Benefit” Medicare-Medicaid beneficiary.

⁵ While multiple factors may be responsible for the disproportionate growth of the Partial Benefit Medicare-Medicaid beneficiary population, changes in the Medicare Improvements for Patients and Providers Act (MIPPA) of 2007, which streamlined some eligibility requirements for QMB, SLMB, and QI, is likely to have been a major contributor

Medicaid beneficiary population counts, from 2006 through 2016, are presented by age, sex, race/ethnicity, Medicare-Medicaid eligibility status, current Medicare status, and Part A/B coverage category. For more details, see the accompanying Excel tables.

1. Trends in the Size of the Medicare-Medicaid and Medicare-only Beneficiary Populations

- Enrollment in Medicare, whether alone or with concomitant Medicaid, has been steadily growing over time. (See Attachment A: Table 1 & Figure 1.1a.)
 - The total Medicare population, including Medicare-Medicaid beneficiaries, grew from 45.7 million in 2006 to 59.8 million in 2016, a 30.9 percent increase.
 - Of this total, the rate of increase has been greater among Medicare-Medicaid beneficiaries than Medicare-only beneficiaries. The number of Medicare-Medicaid beneficiaries grew from 8.6 million in 2006 to 11.7 million in 2016, a 35.6 percent increase.
 - For comparison, the number of Medicare-only beneficiaries grew from 37.0 million in 2006 to 48.0 million in 2016, a 29.7 percent increase.
- The proportion of Medicare beneficiaries who were dually eligible for Medicaid grew only slightly, from 18.9 percent in 2006 to 19.6 percent in 2016. This percentage peaked at 19.8 percent in 2011 but has since declined slightly to 19.6 in 2016. (See Attachment A: Table 1 & Figures 1.1b – 1.1d.)
- Growth in partial-benefit Medicare-Medicaid enrollment appears to be driving the high growth rate noted above for the Medicare-Medicaid beneficiary population overall. Specifically, the number of partial-benefit Medicare-Medicaid beneficiaries grew by 81.7 percent between 2006 and 2016, from 1.8 million to 3.3 million. In contrast, the number of Medicare-Medicaid beneficiaries with full Medicaid benefits grew by 23.3 percent, from 6.8 million to 8.4 million eleven years later.
 - Also indicative of a shifting distribution, the percent of all Medicare-Medicaid beneficiaries who were eligible only for partial benefits increased noticeably, from 21.2 percent to 28.3 percent between 2006 and 2016.
 - In 2016, 70.0 percent of all dually eligible Medicare-Medicaid beneficiaries qualified as Full-benefit Qualified Medicare Beneficiaries (QMB-plus), versus 68.4 percent in 2006.
 - In 2016, among partial-benefit Medicare-Medicaid beneficiaries, 48.8 percent were Qualified Medicare Beneficiaries “only”, individuals who are eligible for assistance with Medicare cost-sharing, but not eligible for full Medicaid benefits (listed as “QMB-only” in the accompanying Excel tables), up from 44.4 percent in 2006.

- Specified Low-Income Medicare Beneficiaries without other Medicaid (SLMB-only) made up 32.7 percent of those with partial Medicaid benefits in 2016, down from 36.1 percent in 2006.

2. Trends in Disability Status and Demographic Subpopulation from 2006 through 2016

- The composition of Medicare-Medicaid beneficiaries by age, sex and race/ethnicity changed slightly between 2006 and 2016. (See Attachment A: Table 2 and Figures 2.1 – 2.3.)
 - *Race/ethnicity*: The proportion of Medicare-Medicaid beneficiaries who are of a minority race/ethnic group grew from 34.5 in 2006 to 37.3 in 2016. Compared to Medicare-only beneficiaries, the Medicare-Medicaid dually enrolled population continues to be more racially and ethnically diverse. For instance, in 2016, 37.3 percent of Medicare-Medicaid beneficiaries and 13.8 percent of Medicare-only beneficiaries were of a racial or ethnic minority group. More specifically, among Medicare-Medicaid beneficiaries, 20.7 percent were Black/African American; 8.3 percent were Hispanic/Latino; 5.4 percent were Asian; 0.9 percent were Native American/Alaskan Native/Pacific Islander; and 2.0 percent were “other” race groups.
 - *Gender*: In 2016, about 59.9 percent of the Medicare-Medicaid beneficiaries were female, compared to 53.0 percent of Medicare-only (non-dual) beneficiaries. In 2006, women comprised 62.5 percent of Medicare-Medicaid beneficiaries and 54.1 percent of Medicare-only beneficiaries.
 - *Age*: In 2016, 40.6 percent of Medicare-Medicaid beneficiaries were under age 65, compared to 38.3 percent in 2006. In stark contrast, among Medicare-only beneficiaries, 9.4 percent were under age 65 in 2016, down from 11.3 percent in 2006.
- A closer look at the change in Medicare-Medicaid dual-enrollment between 2006 and 2016 reveals a faster growing number of beneficiaries under the age of 65 as compared to those over the age of 65. (See Attachment A: Table 2 and Figure 4.)
 - Among all Medicare-Medicaid beneficiaries, 38.3 and 40.6 percent were under age 65 in 2006 and 2016, respectively. The growth rate was 43.7 percent among Medicare-Medicaid beneficiaries under 65 (from 3.3 to 4.8 million), and 30.6 percent among Medicare-Medicaid beneficiaries over 65 (increasing from 5.3 to 7.0 million individuals).
 - The number of partial-benefit Medicare-Medicaid beneficiaries *under the age of 65* roughly doubled (with a rate of change of 98.8 percent) in the eleven years between 2006 and 2016, from 0.7 million to 1.4 million. The rate of change among partial-benefit Medicare-Medicaid beneficiaries *over the age of 65* over the same time period, was 71.4 percent, increasing from 1.1 million to 2.0 million individuals.
 - Full-benefit Medicare-Medicaid beneficiaries *under the age of 65* have increased in

number by 29.3 percent since 2006, from 2.6 million to 3.4 million individuals. In contrast, full-benefit Medicare-Medicaid beneficiaries *over the age of 65* have increased in number by only 19.5 percent, from 4.2 million to 5.0 million individuals.

- For comparison, between 2006 and 2016, the Medicare-only population rate of change among those under 65 was 8.3 percent (increasing from 4.2 to 4.5 million individuals) and 32.5 percent among those over 65, increasing from 33.0 to 43.5 million individuals.
- Medicare-Medicaid beneficiaries are more likely than Medicare-only beneficiaries to have a Medicare-qualifying disability (See Attachment A: Figure 5)
 - In 2016, 40.1 percent of Medicare-Medicaid beneficiaries were currently eligible for Medicare due to a disability (with or without ESRD), a higher proportion than in 2006 (37.9 percent).
 - In comparison, only 9.3 percent of Medicare-only beneficiaries had a qualifying disability (with or without ESRD) in 2016, down from 11.1 percent in 2006.

DATA SOURCES AND METHODOLOGY

This analysis used the Common Medicare Environment (CME) data from the CMS Chronic Condition Warehouse (CCW). The use of CME is a departure from previous reports, which employed the Medicare Enrollment Data Base (EDB). This change was necessitated by an overarching shift within the CCW environment from the EDB to the CME and resulted in only minute changes to the results.

The state-reported Medicare Modernization Act (MMA) File data were used to identify Medicare-Medicaid beneficiaries. The State MMA File is considered the most current, accurate, and consistent source of information on beneficiaries' Medicare-Medicaid beneficiary status for any given month. As required by the Medicare Modernization Act, states submit these files to CMS on an at-least monthly basis to report which of their Medicaid beneficiaries are eligible to also receive Medicare, and their specific Medicare-Medicaid eligibility type. See Attachment B for more information on defining Medicare-Medicaid beneficiaries in CMS administrative data sources.

ATTACHMENT A

Figure 1.1a, below, shows the increase in Medicare-Medicaid and Medicare-only population counts between 2006 and 2016. The Medicare-Medicaid dually enrolled population increased steadily from 8,649,890 in 2006 to 11,730,195 in 2016, a 35.6 percent increase over the eleven years. Medicare-only non-dually eligible beneficiaries increased from 37,035,298 in 2006 to 48,052,683 in 2016, a 29.7 percent change. Taken as a whole, the total Medicare population increased from 45,685,188 to 59,782,878, a 30.9 percent change.

Figure 1.1a: Number of Medicare-Medicaid and Medicare-only Beneficiaries (2006-2016)

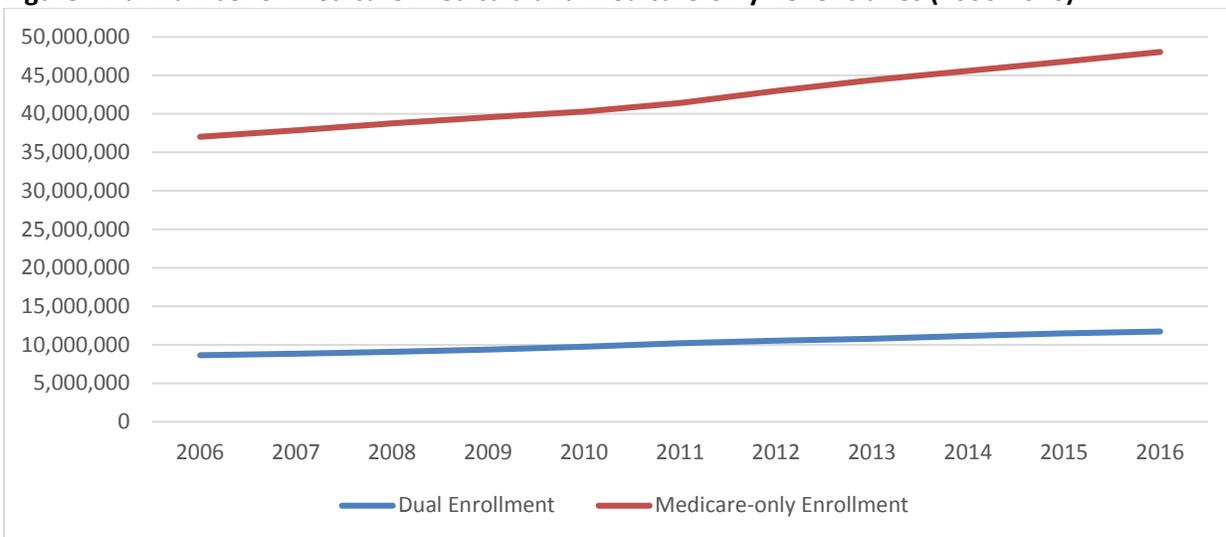


Figure 1.1b shows that the proportion of total Medicare beneficiaries comprised by Medicare-Medicaid beneficiaries crept up slightly from 18.9 percent to 19.6 percent over this eleven-year time period.

Figure 1.1b: Medicare-Medicaid Beneficiaries as a Proportion of All Medicare Beneficiaries (2006-2016)

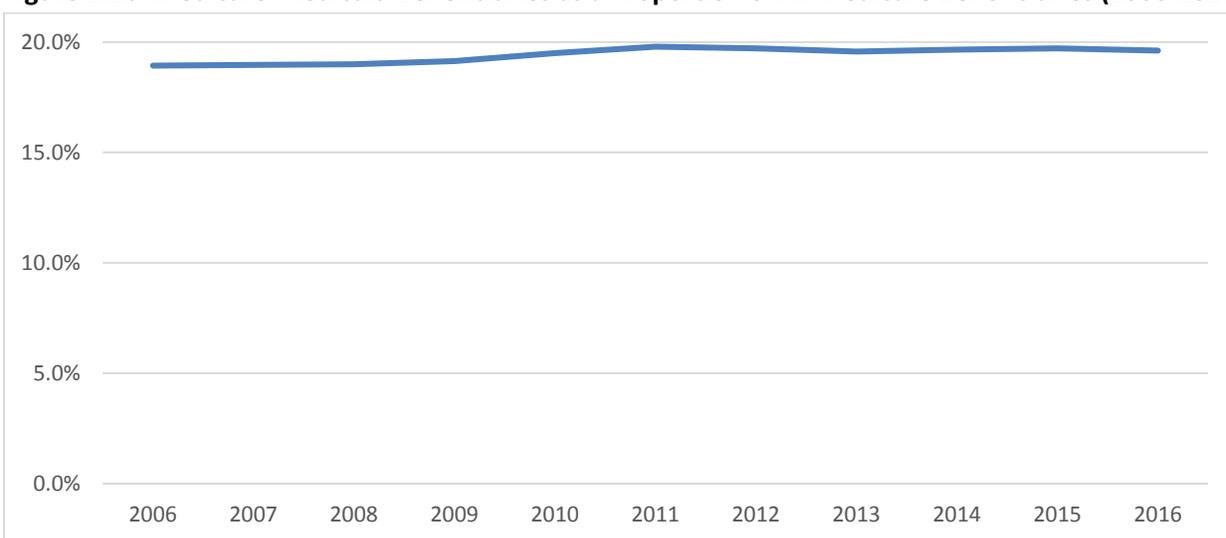


Figure 1.1c shows enrollment trends among full- and partial-benefit beneficiaries. Full-benefit beneficiaries grew in number from 6,819,768 in 2006 to 8,405,507 in 2016. Partial-benefit beneficiaries increased from 1,830,122 to 3,324,688 over the same time span. These numbers equate to growth rates of 23.3 percent among full-benefit beneficiaries and 81.7 percent among partial-benefit beneficiaries over eleven years.

Figure 1.1c: Full- and Partial-Benefit Medicare-Medicaid Beneficiaries (2006-2016)

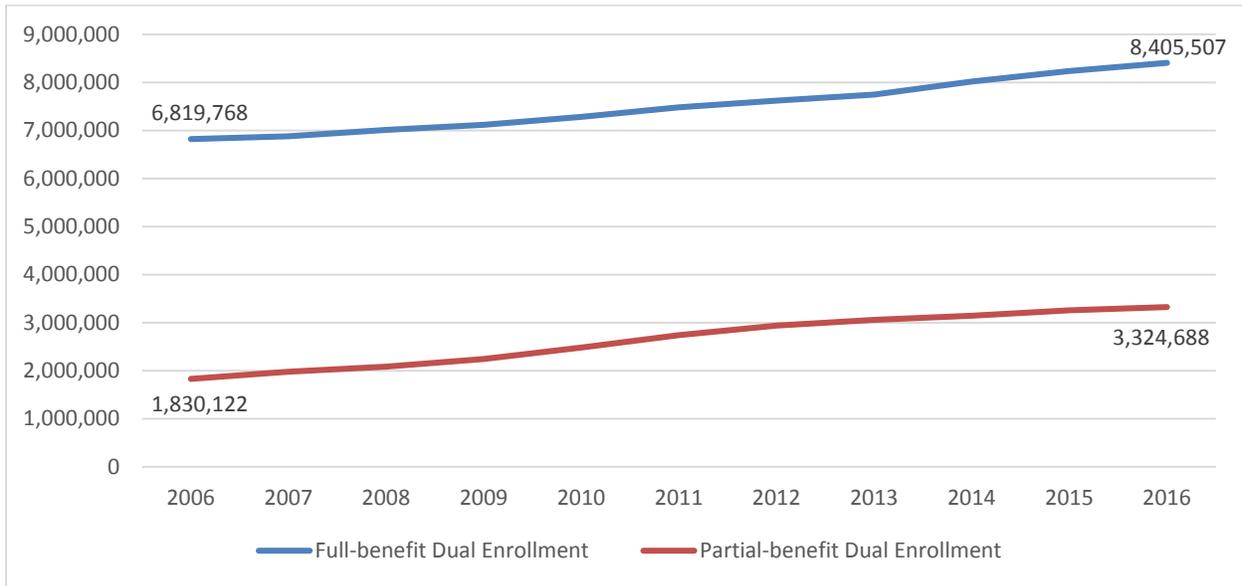


Figure 1.1d, shows that the proportion of Medicare-Medicaid beneficiaries that receive partial benefits (i.e., Medicaid assistance with Medicare cost-sharing, but no further Medicaid program eligibility) increased from 21.2 percent of all dually enrolled beneficiaries in 2006 to 28.3 percent in 2013, and has since remained relatively steady.

Figure 1.1d: Partial-benefit as a Proportion of All Medicare-Medicaid Beneficiaries (2006-2016)

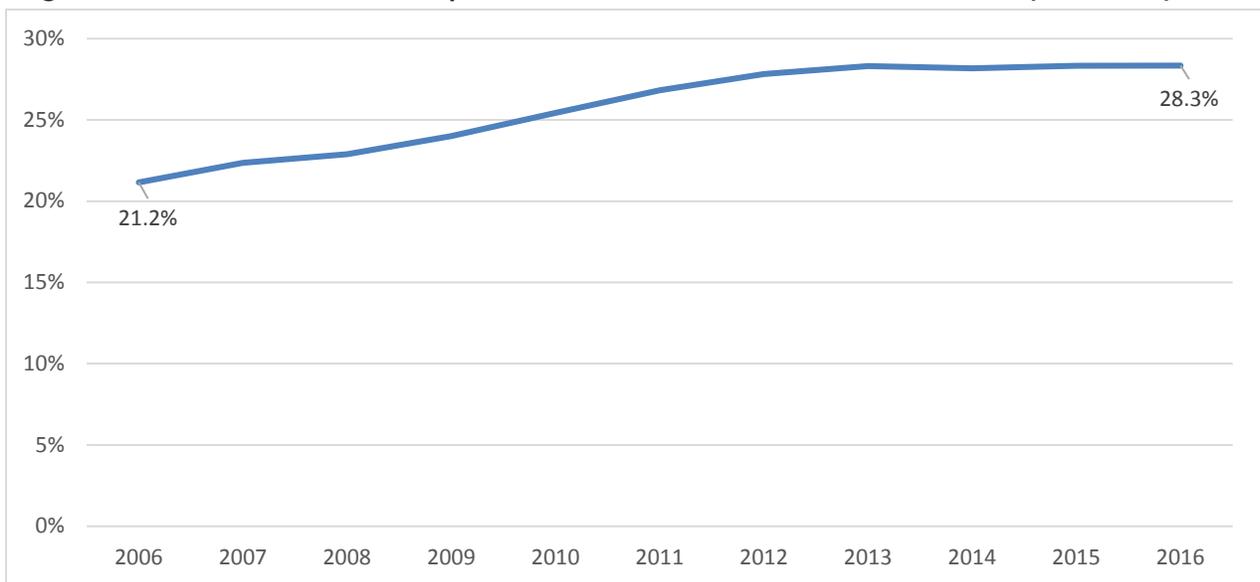
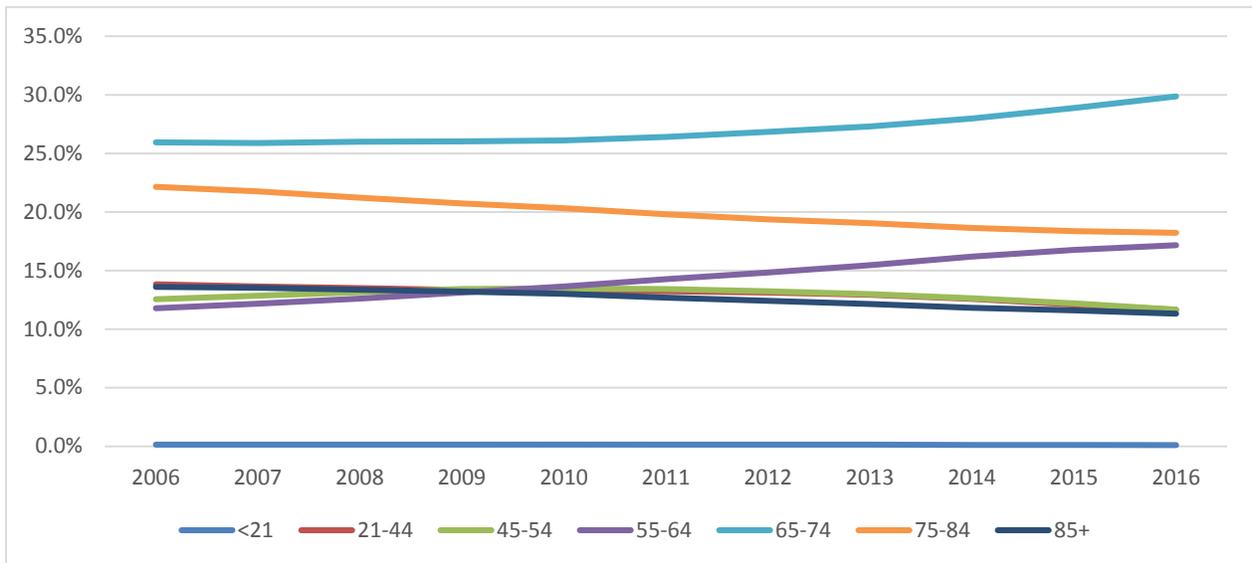


Figure 2.1, below, shows a gradual shift in the age distribution between 2006 and 2016. Generally, the proportion of Medicare-Medicaid beneficiaries in all age groups declined slightly except for age brackets 55-64 and 65-74, which increased five and four percentage points, landing at 17.2 percent and 29.9 percent in 2016, respectively.

Figure 2.1: Percent of All Medicare-Medicaid Beneficiaries by Age Group (2006-2016)



Figures 2.2a and 2.2a (zoom), below, show a gradual shift in the race/ethnicity composition of Medicare-Medicaid beneficiaries between 2006 and 2016. Over the eleven years, the proportion of African American, Hispanic/Latino, Asian, and North American Native beneficiaries each nudged up slightly, landing at 20.7 percent, 8.3 percent, 5.4 percent, and 0.9 percent in 2016, respectively, while the White population declined by four percentage points, landing at 61.1 percent.

Figure 2.2a: Percent of Medicare-Medicaid Beneficiaries by Race/Ethnicity Group (2006-2016)

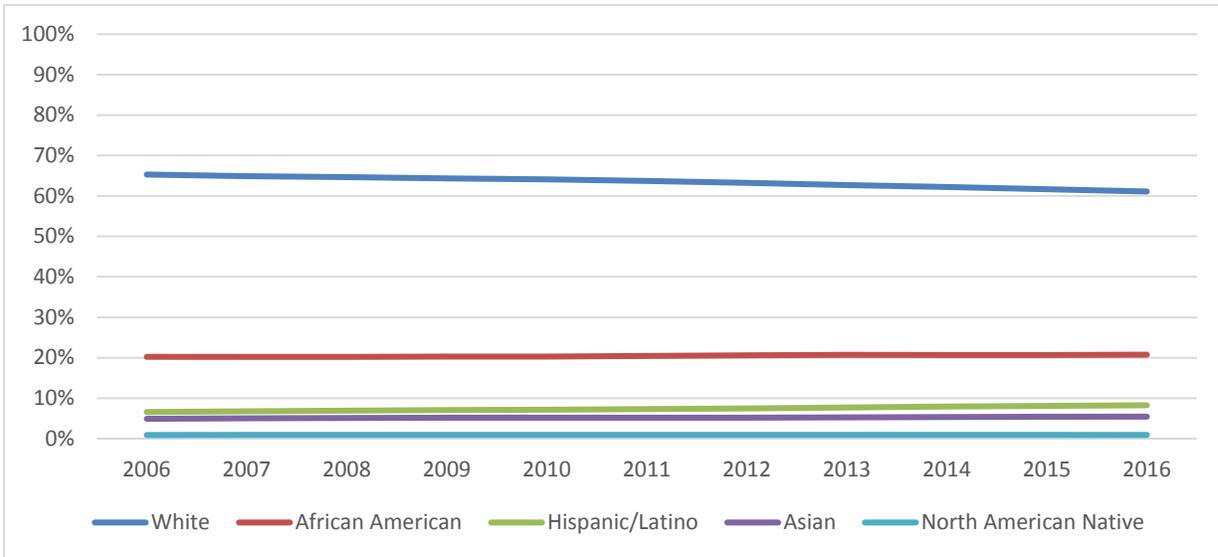
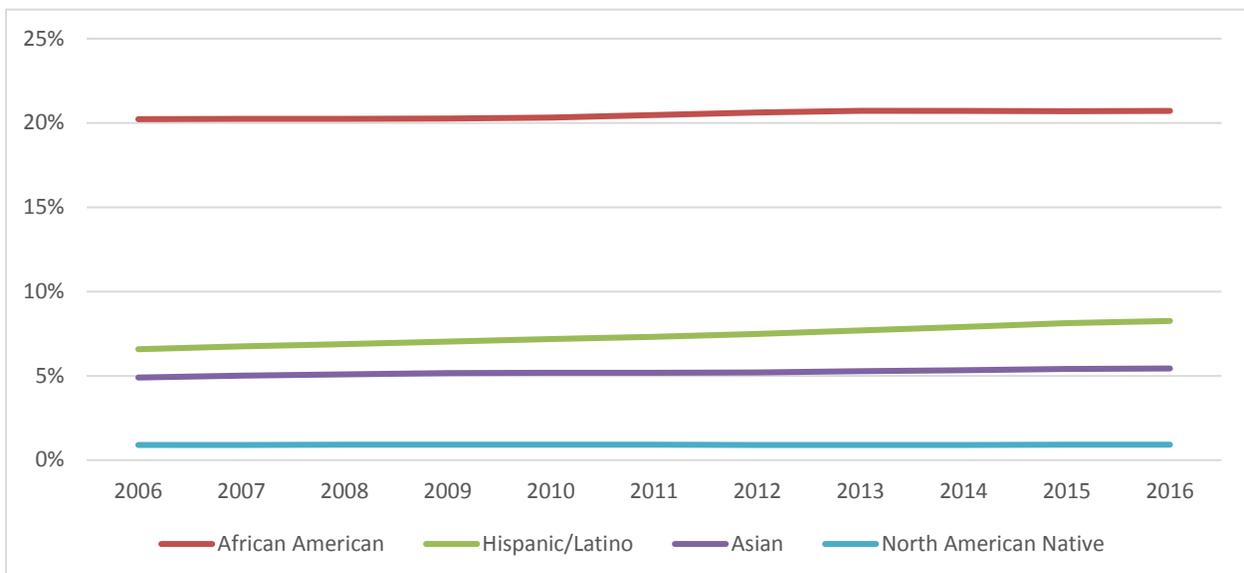


Figure 2.2a (zoom): Percent of Medicare-Medicaid Beneficiaries by Race/Ethnicity Group, Excluding White (2006-2016)



The race/ethnicity composition is dramatically different for Medicare-only beneficiaries, as compared to that of Medicare-Medicaid beneficiaries (Figure 2.2a). In Figures 2.2b and 2.2b (zoom), below, the Medicare-only population demonstrates proportions of White, African American, Hispanic/Latino, Asian, and North American Native beneficiaries of 84.6 percent, 8.2 percent, 1.6 percent, 1.6 percent, and 0.4 percent, respectively. White beneficiaries declined three percentage points over the eleven years. The “Unknown” and “Other” race/ethnicity categories comprise two thirds of the complementary increase. The last third of the increase is split fairly evenly across the Asian and African American groups.

Figure 2.2b: Percent of Medicare-only Beneficiaries by Race/Ethnicity Group (2006-2016)

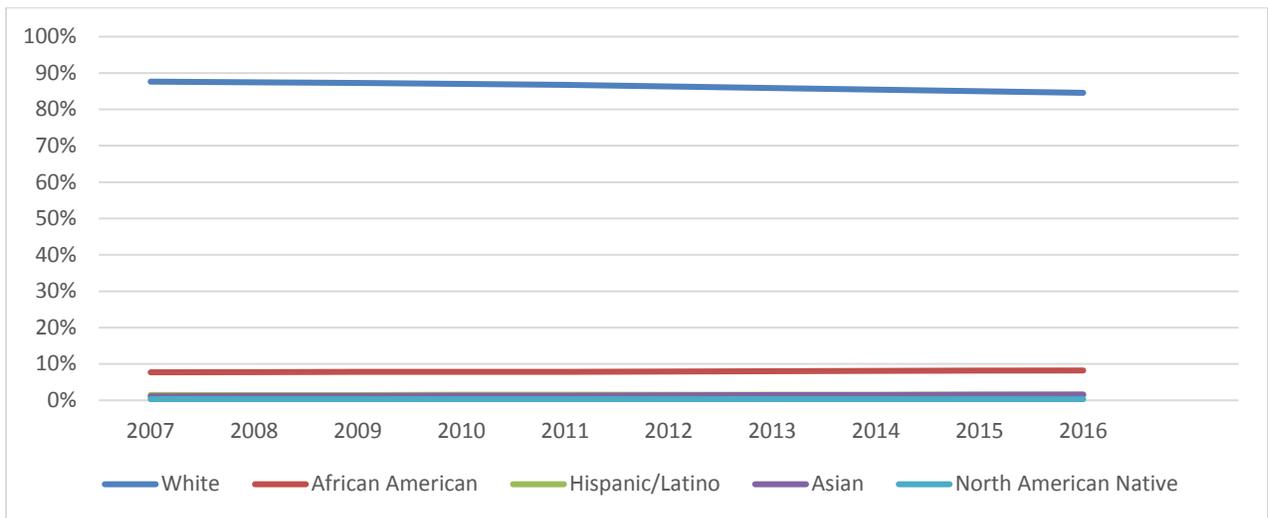


Figure 2.2b (zoom): Percent of Medicare-only Beneficiaries by Race/Ethnicity Group, Excluding White (2006-2016)

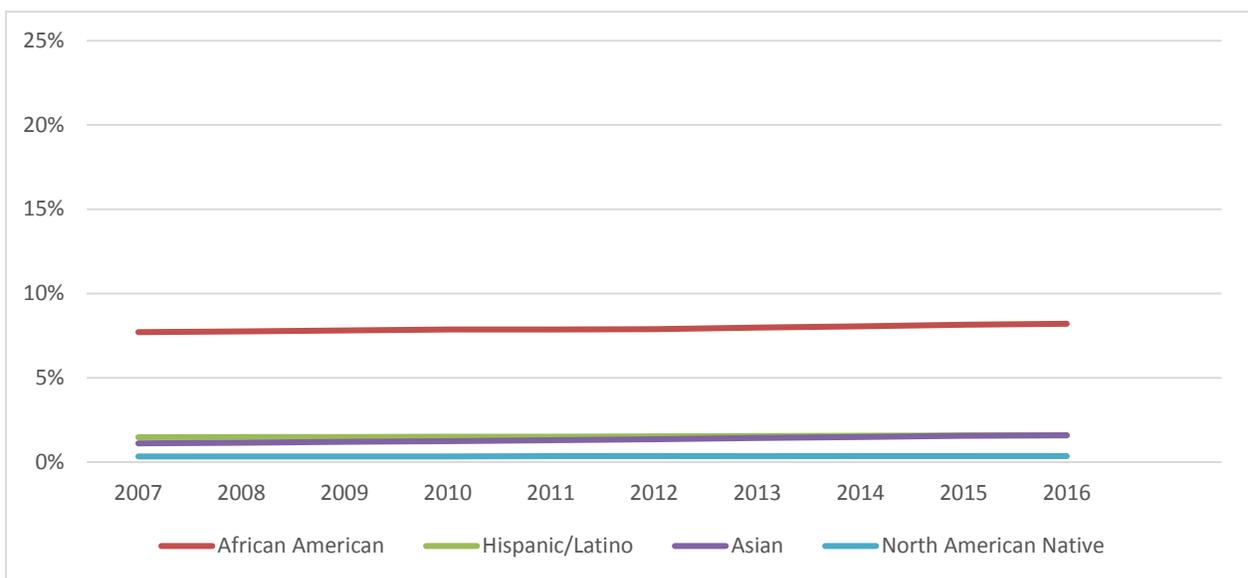


Figure 2.3 shows a gradually shifting gender composition among both Medicare-Medicaid beneficiaries and Medicare-only beneficiaries between 2006 and 2016. Among Medicare-Medicaid beneficiaries, females lost about three percentage points, to land at 59.9 percent in 2016. Among Medicare-only beneficiaries, females only declined by one percentage point, landing at 53.0 percent in 2016.

Figure 2.3: Females as a Percentage of Total Medicare-Medicaid Beneficiaries and Medicare-only Beneficiaries (2006-2016)

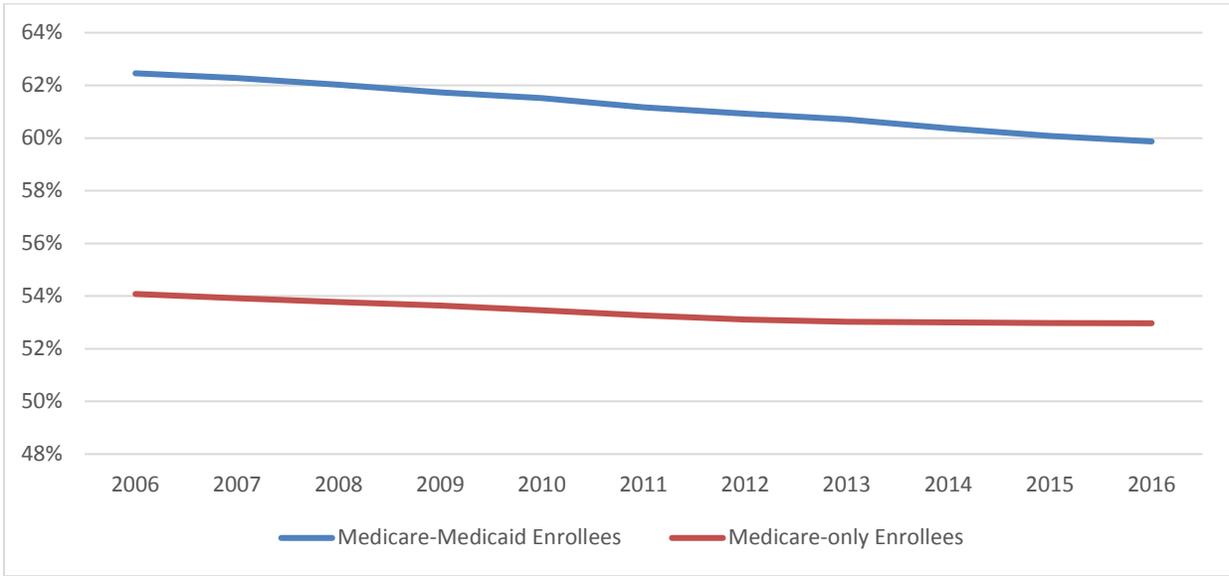


Figure 3, below, shows in the composition of the Medicare-Medicaid population by eligibility status from 2006 through 2016. Partial-benefit eligibility groups (including QMB-only) account for a growing share of Medicare-Medicaid beneficiaries, accounting for 21.2 percent of all duals in 2006 and 28.3 percent of all duals in 2016. QMB-only beneficiaries, alone, doubled in number, increasing from 812,716, or 9.5 percent, of all Medicare-Medicaid beneficiaries in 2006, to 1,623,700, or 13.5 percent, of all Medicare-Medicaid beneficiaries in 2016. Full-benefit QMB beneficiaries grew 25.5 percent to land at 5,858,021 in 2016. SLMB-only and SLMB-plus beneficiaries grew 64.9 percent and 41.6 percent, respectively, landing at 1,088,103 and 304,673 beneficiaries, respectively in 2016. While low in absolute number, the number of QDWI beneficiaries more than tripled, becoming 265 in 2016. Also in the partial benefit category, Qualifying Individuals (QI) increased in number by a factor of 71.4 percent to 612,620 in 2016. Finally, the number of beneficiaries in the “Other Full-benefit Dual” category increased by 15.7 percent to 2,242,813 in 2016.

Figure 3: Total Medicare-Medicaid Beneficiaries by Eligibility Status (2006-2016)

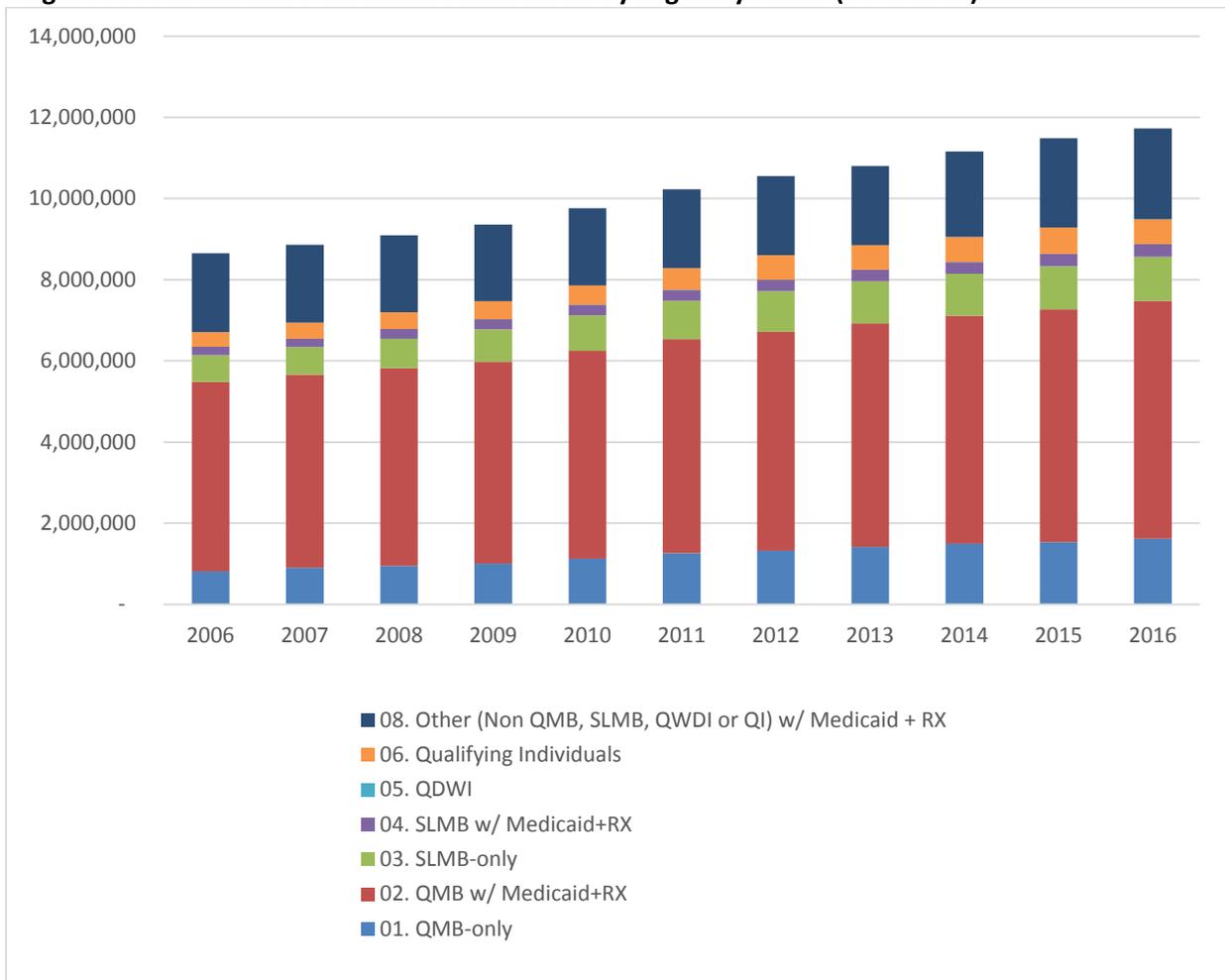


Figure 4 shows the trends in the shifting age composition among Medicare-Medicaid beneficiaries between 2006 and 2016. This means that the proportion of all individuals with a disability under age 65 who were dually eligible shifted from being in the minority in 2006 (44.2 percent) to being in the majority in 2016 (51.3 percent). In raw numbers, Medicare-Medicaid beneficiaries under 65 increased from 3.3 to 4.8 million, thereby surpassing that of Medicare-only beneficiaries, which increased from 4.2 to 4.5 million beneficiaries. Proportionally, the distribution of Medicare-Medicaid beneficiaries who were under age 65 increased from 38.3 percent to 40.6 percent. The comparable proportion of Medicare-only beneficiaries who were under 65 dropped from 11.3 percent to 9.4 percent. The rate of change over the eleven years for Medicare-Medicaid beneficiaries was 43.7 percent but only 8.3 percent for Medicare-only beneficiaries.

Figure 4 Proportion of All Beneficiaries Under Age 65 Who are Medicare-Medicaid Beneficiaries (2006-2016)

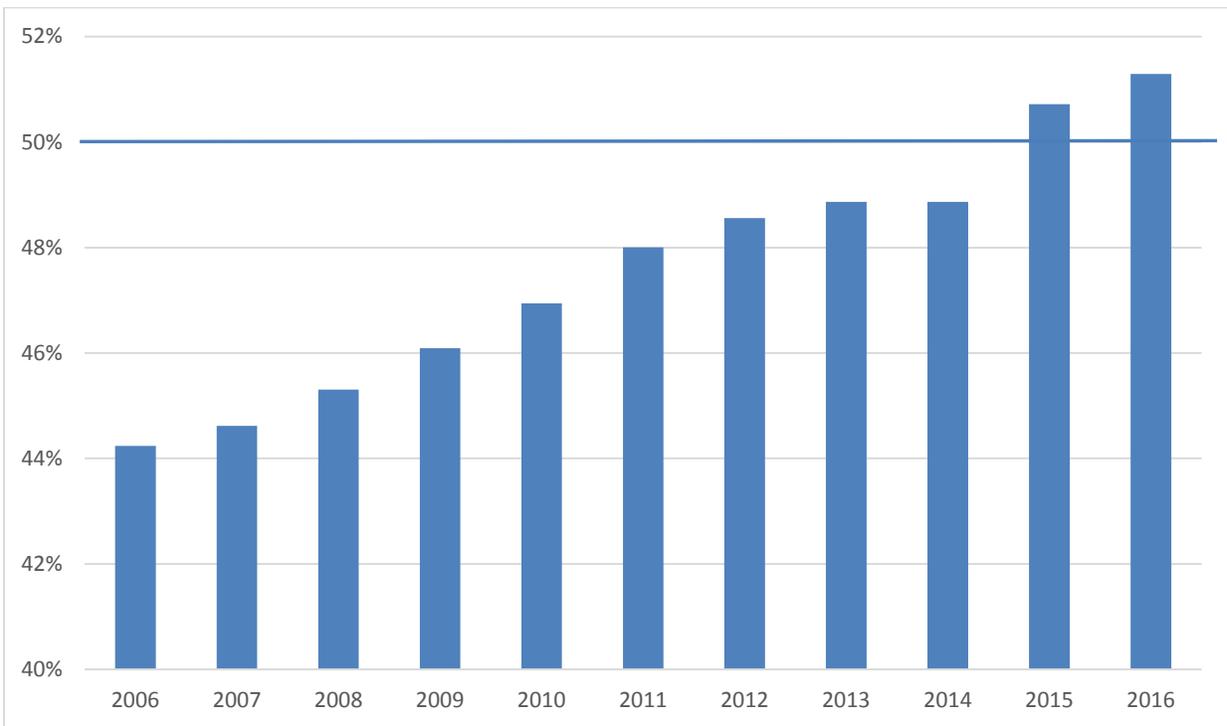


Figure 5 shows the change in the percentage of beneficiaries with a Medicare-qualifying disability (with or without ESRD) and confirms the results in Figure 4. *The proportion of all individuals with a current Medicare-qualifying status as disability or disability/ESRD who were dually eligible shifted from a minority in 2006 (44.3 percent) to a majority in 2016 (51.4 percent).* In 2016, 40.1 percent of Medicare-Medicaid beneficiaries and 9.3 percent of Medicare-only beneficiaries were currently eligible for Medicare due to a disability. Among Medicare-Medicaid beneficiaries, the percentage with a Medicare-qualifying disability climbed steadily from 37.9 percent in 2006 to 40.9 percent in 2014, and then fell to 40.1 percent in 2016. Among Medicare-only beneficiaries, the percentage with a Medicare-qualifying disability gradually fell from 11.1 percent in 2006 to 9.3 percent in 2016.

Figure 5: Among All Beneficiaries Qualifying for Medicare due to Disability (With or Without Accompanying ESRD), the Proportion who are Medicare-Medicaid Beneficiaries (2006-2016)

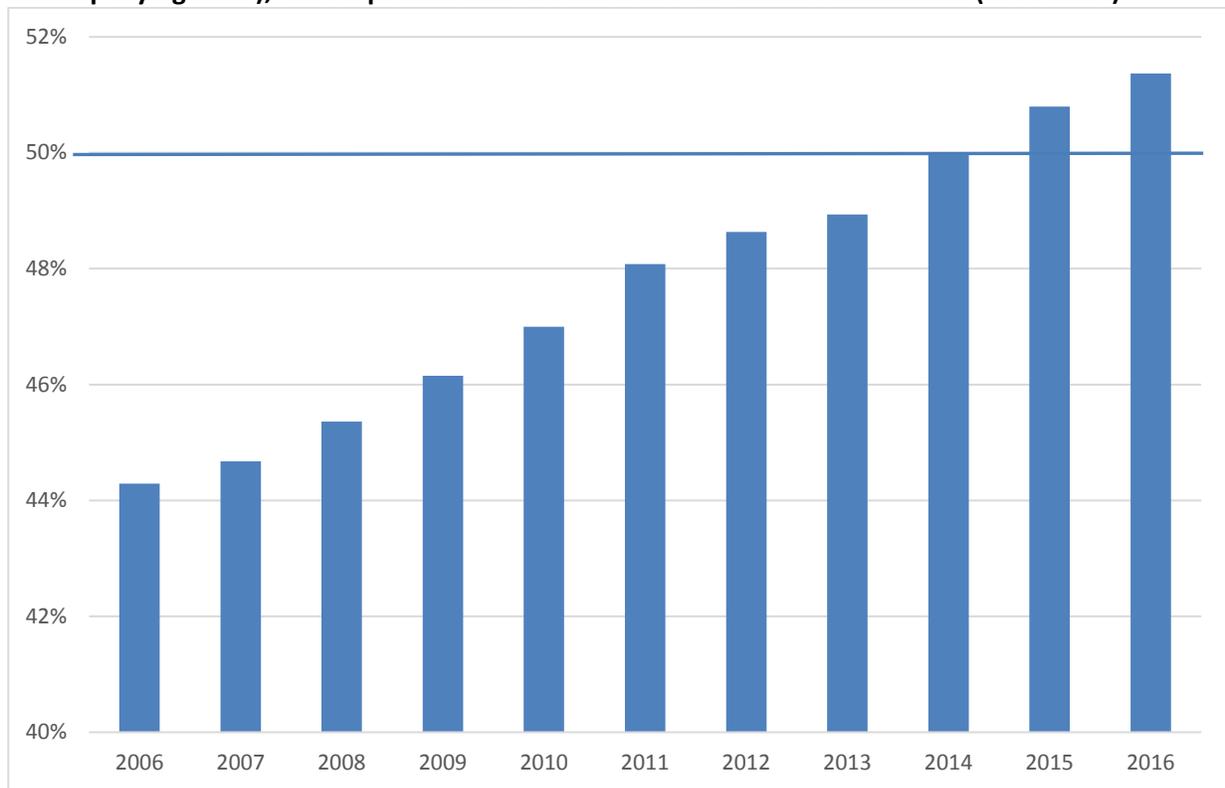


Table 1: Annual Enrollment Trends, by Enrollment Type (2006-2016)

Calendar Year	Total Number of Medicare Beneficiaries (Including Medicare-Medicaid Beneficiaries)	Total Number of Medicare-Only Beneficiaries (non-Medicaid Eligible)	Among all Medicare Beneficiaries, the percent who are Medicare-Only (non-Medicaid Eligible)	Total Number of Medicare-Medicaid Beneficiaries	Among all Medicare Beneficiaries, the percent who are Medicare-Medicaid Beneficiaries	Total Number of Full-Benefit Medicare-Medicaid Beneficiaries	Among all Medicare-Medicaid Beneficiaries, the percent with Full Medicaid Benefits	Total Number of Partial-Benefit Medicare-Medicaid Beneficiaries	Among all Medicare-Medicaid Beneficiaries, the percent Partial Benefit
2006	45,685,188	37,035,298	81%	8,649,890	19%	6,819,768	79%	1,830,122	21%
2007	46,735,669	37,873,733	81%	8,861,936	19%	6,880,844	78%	1,981,092	22%
2008	47,868,545	38,775,366	81%	9,093,179	19%	7,011,147	77%	2,082,032	23%
2009	48,916,671	39,554,304	81%	9,362,367	19%	7,115,138	76%	2,247,229	24%
2010	50,052,677	40,290,749	80%	9,761,928	20%	7,279,339	75%	2,482,589	25%
2011	51,667,131	41,441,332	80%	10,225,799	20%	7,482,875	73%	2,742,924	27%
2012	53,540,256	42,984,784	80%	10,555,472	20%	7,617,630	72%	2,937,842	28%
2013	55,206,227	44,399,188	80%	10,807,039	20%	7,748,066	72%	3,058,973	28%
2014	56,767,778	45,607,720	80%	11,160,058	20%	8,016,044	72%	3,144,014	28%
2015	58,294,184	46,803,894	80%	11,490,290	20%	8,234,056	72%	3,256,234	28%
2016	59,782,878	48,052,683	80%	11,730,195	20%	8,405,507	72%	3,324,688	28%

ATTACHMENT B

Defining Medicare-Medicaid Beneficiaries in CMS Administrative Data

This document provides the MMCO-recommended method of identifying Medicare-Medicaid beneficiaries from CMS data. As detailed below, this recommended method relies on the State Medicare Modernization Act (MMA) File of Dual Eligibles, which is submitted to CMS on an at-least monthly basis. While there are several other ways of identifying Medicare-Medicaid beneficiaries in practice (e.g., the Medicaid MSIS and MAX data, self-reported data in MCBS and CAHPS, State Buy-in data on the Medicare files) and these methods may be appropriate for certain purposes, the State MMA File is considered to be the *most current* and *most accurate* given that it is used for operational purposes related to the administration of Part D benefits. To the extent that users opt to use the State MMA File over other data sources, when appropriate, the State MMA File will also contribute *consistency, comparability, and relevance* to CMS operational and analytic endeavors.

1. **Source Data for Identifying Dual Eligibility**⁶

The State MMA File of Dual Eligibles (aka “State MMA File”) is considered the most current, accurate, and consistent source of information on dually eligible Medicare-Medicaid beneficiaries. As required by the Medicare Modernization Act (MMA), states submit these data files to CMS on an at-least monthly basis to identify which of their Medicaid beneficiaries are also eligible to receive Medicare. These files also include beneficiaries’ type of dual eligibility status (see Section 3 below).

2. **Accessing the State MMA File Data**

The State MMA File data are housed and can be accessed as follows:

- a. ***Integrated Data Repository (IDR)***: In the IDR, the State MMA File data elements are sourced from CME_DUAL_MDCR Table and are named as follows (with the numeric portion at the end of the variable corresponding to calendar month): BENE_DUAL_STUS_01 through BENE_DUAL_STUS_12.
- b. ***Chronic Condition Warehouse (CCW)***: In the CCW, the monthly State MMA File data elements are named as follows (with the numeric portion at the end of the variable corresponding to calendar month): DUAL_STUS_CD_01 through DUAL_STUS_CD_12. They are also present in the CCW with a shorter data element name as follows: DUAL_01 through DUAL_12).

3. **Types of Medicare-Medicaid Beneficiaries Based on Benefits**

Medicare-Medicaid beneficiaries are typically classified according to the benefits that they are eligible to receive, which vary by income and assets at any given point in

⁶ The State MMA File definition of Medicare-Medicaid beneficiary implies concomitant enrollment (in any given month) in Medicaid and Medicare (Part A and/or Part B). *Please Note:* In some instances (e.g., Demonstrations), it may be more appropriate for Medicare-Medicaid beneficiaries to be defined more stringently according to concomitant enrollment (in any given month) in Medicaid and Medicare Part A and Medicare Part B. In this case, the analyst would need to develop an appropriate subset of the Medicare-Medicaid beneficiaries’ definition that has been provided in this document by limiting to certain dual status codes or other relevant criteria.

time. The seven types of Medicare-Medicaid dual eligibility are described below⁷:

Dual Status Code "01". [*“Partial-benefit”*] *Qualified Medicare Beneficiaries without other Medicaid (QMB-only)* – These individuals are entitled to Medicare Part A, have income of 100 percent Federal poverty level (FPL) or less and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for full Medicaid. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and to the extent consistent with the Medicaid State plan, Medicare deductibles and coinsurance for Medicare services provided by Medicare providers.

Dual Status Code "02". [*“Full-benefit”*] *Qualified Medicare Beneficiaries plus full Medicaid (QMB-Plus)* - These individuals are entitled to Medicare Part A, have income of 100 percent FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and, to the extent consistent with the Medicaid State plan, Medicare deductibles and coinsurance, and provides full Medicaid benefits.

Dual Status Code "03". [*“Partial-benefit”*] *Specified Low-Income Medicare Beneficiaries without other Medicaid (SLMB-only)* - These individuals are entitled to Medicare Part A, have income of greater than 100 percent FPL, but less than 120 percent FPL and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums only.

Dual Status Code "04". [*“Full-benefit”*] *Specified Low-Income Medicare Beneficiaries plus full Medicaid (SLMB-plus)* - These individuals are entitled to Medicare Part A, have income of greater than 100 percent FPL, but less than 120 percent FPL and resources that do not exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits. Medicaid pays their Medicare Part B premiums. Medicaid provides full Medicaid benefits and pays for Medicaid services provided by Medicaid providers, but Medicaid will only pay for services also covered by Medicare if the Medicaid payment rate is higher than the amount paid by Medicare, and, within this limit, will only pay to the extent necessary to pay the beneficiary's Medicare cost sharing liability. Medicare payment and Medicaid payment (if any) constitute full payment for the covered service.

Dual Status Code "05". [*“Partial-benefit”*] *Qualified Disabled and Working Individuals (QDWI)* - These individuals lost their Medicare Part A benefits due to their return to work. They are eligible to purchase Medicare Part A benefits, have income of 200 percent FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays the Medicare Part A premiums only.

⁷ While there are seven categories currently in use, please note that type “7” is missing and the final category is “8”. This is because the seventh classification “QI-2” (Qualifying Individuals-2) is not currently in use. Additionally, please note that type “9” is not included; this is because the ninth code (“other”) has typically been used by only a handful of states to indicate participation in a State-specific program that is not directly related to whether the beneficiary is or is not dually enrolled in Medicare and Medicaid (e.g., Wisconsin Pharmacy+ Waiver).

Dual Status Code "06". [*“Partial-benefit”*] *Qualifying Individuals (QI)* – The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (P.L. 114-10: Sec. 211) permanently extended the QI program, and removed the annual cap which previously limited the number of individuals who could be included in the group. These individuals are entitled to Medicare Part A, have income of at least 120 percent FPL, but less than 135 percent FPL, resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums only.

Dual Status Code "08". [*“Full-benefit”*] *Other full benefit dual eligible / Medicaid Only Dual Eligibles (Non-QMB, non-SLMB, non-QDWI, non-QI)* - These individuals are entitled to Medicare Part A and/or Part B and are eligible for full Medicaid benefits. They are not eligible for Medicaid as a QMB, SLMB, QDWI, QI-1, or QI-2. Typically, these individuals need to spend down to qualify for Medicaid or fall into a Medicaid eligibility poverty group that exceeds the limits listed above. Medicaid provides full Medicaid benefits and pays for Medicaid services provided by Medicaid providers, but Medicaid will only pay for services also covered by Medicare if the Medicaid payment rate is higher than the amount paid by Medicare, and, within this limit, will only pay to the extent necessary to pay the beneficiary's Medicare cost sharing liability. Payment by Medicaid of Medicare Part B premiums is a state option; however, states may not receive FFP for Medicaid services also covered by Medicare Part B for certain individuals who could have been covered under Medicare Part B had they been enrolled.

4. **Classifying by Type of Dual Eligibility**

When describing Medicare-Medicaid beneficiaries, users typically define and present analyses separately for two subgroups: Full-benefit and Partial-benefit. However, some users may wish to separate the QMB-only (partial benefit) beneficiaries from the Partial-benefit group to create a third classification. This is because QMB-only beneficiaries fall in between the Full and Partial-benefit categories in terms of their level of need and the benefits for which they are eligible (e.g., while they don't qualify for full Medicaid benefits, they do qualify for assistance with cost-sharing for the full range of Medicare benefits).

Therefore, depending on a project's goals, Medicare-Medicaid beneficiaries may be grouped into one, two or three categories, as follows, with the numbers corresponding to the Dual Type numbers in Section 3 above:

a. No delineation

All Medicare-Medicaid beneficiaries = 01, 02, 03, 04, 05, 06, 08

b. Full-benefit & Partial-benefit

Partial-benefit = 01, 03, 05, 06

Full-benefit = 02, 04, 08

c. Full-benefit, Partial-benefit & QMB-only

QMB-only = 01

Partial-benefit (non-QMB) = 03, 05, 06

Full-benefit = 02, 04, 08

5. **Determining “Ever-enrolled” (in a Given Year) from the Monthly State MMA File Codes**

Since the data from the State MMA File is monthly data, users who wish to present annual information will need a decision matrix for deciding whether and how to classify persons as dually eligible. The MMCO has developed the following algorithm for creating a variable called “Ever-enrolled” [in a given year]:

Step 1: Determine all Medicare-Medicaid beneficiaries with one or more months of any Full- or Partial-benefit dual eligibility (e.g., codes 01-08).

Step 2: Among all Medicare-Medicaid beneficiaries found from Step 1, classify each as Full or Partial (or Full/Partial/QMB) according to each beneficiary’s *most recent* dual eligibility status on record in that calendar year. More specifically, among all beneficiaries with any indication of full or partial dual eligibility in a given calendar year, conduct the following steps:

Step 2a: For those with a code 01-08 in December, assign their “Ever- Enrolled (Annual)” dual-type code according to their full/partial status in December;

Step 2b: Of those remaining, for those with a code 01-08 in November, assign their “Ever-Enrolled (Annual)” code according to their full/partial status in November

Step 2c: Continue this algorithm backwards through every month and through January of the year, so that those with Medicare-Medicaid dual eligibility for only the month of January are classified as full/partial according to their status in January.