

Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006 through 2018

Prepared by CMS Medicare-Medicaid Coordination Office
September 2019

Twelve-year Enrollment Trends: 2006-2018

BACKGROUND

This report summarizes enrollment trends among people dually eligible for Medicare and Medicaid from 2006 through 2018.¹ This report is the fifth iteration of the original Data Analysis Brief originally issued in February 2013.

This Data Analysis Brief presents the number of beneficiaries who were “ever-enrolled” in both Medicare and Medicaid for at least one month 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.³

SUMMARY OF KEY FINDINGS

- **Total dually eligible beneficiary population continues to grow:** Between 2006 and 2018, the total number of dually eligible beneficiaries increased from 8.6 million to **12.2 million**, an average annual growth rate (AAGR) of 2.9 percent. In comparison, the number of Medicare-only beneficiaries increased from 37.0 million to 50.7 million, an AAGR of 2.7 percent.
- **Enrollment in partial-benefit eligibility categories outpaces full-benefit categories:** The number of partial-benefit⁴ dually eligible beneficiaries increased from 1.8 million in 2006 to **3.5 million** in 2018, an AAGR of 5.6 percent. This rate is almost triple the 2.0 percent AAGR among full-benefit dually eligible beneficiaries, a subpopulation that increased from 6.8 million in 2006 to **8.7 million** in 2018. In sum, while both full- and partial-benefit dually eligible beneficiaries have been steadily increasing in numbers over time, there has been a notable shift in the composition, with those with partial benefits accounting for 21.2 and 28.9 percent of all dually eligible beneficiaries in 2006 and 2018, respectively.⁵

¹ This report and other analytic products can be accessed 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>.

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

³ As CMS Medicaid data becomes more current, we plan to eventually expand our comparative analysis to include the similar subpopulations in Medicaid. 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>.

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

⁵ While multiple factors may be responsible for the disproportionate growth of the partial-benefit categories, the Medicare Improvements for Patients and Providers Act (MIPPA) of 2007, which streamlined some eligibility requirements for QMB, SLMB,

- **Disability status varies between dually eligible beneficiaries and Medicare-only beneficiaries:** In 2018, **38.6 percent** of dually eligible beneficiaries had disability as their current Medicare status (with or without accompanying end-stage renal disease (ESRD)), compared to only 8.4 percent of Medicare-only beneficiaries. From 2006 to 2018, the AAGR for the number of dually eligible individuals with disabilities was 3.1 percent, as compared to 0.3 percent among Medicare-only beneficiaries with disabilities. As a result, among all Medicare-eligible individuals under age 65, the proportion who were dually eligible steadily shifted from 44.3 percent in 2006 to 52.3 percent in 2018.
- **Demographic information:** In 2018, dually eligible beneficiaries continue to be disproportionately younger, female, and of minority race/ethnicity, compared to other Medicare beneficiaries.

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 dually eligible beneficiary population counts, from 2006 through 2018, are presented by age, sex, race/ethnicity, dual eligibility status, and current Medicare status. For more details, see the accompanying Excel tables.

1. Trends in Dually Eligible and Medicare-only Enrollment

- Enrollment in Medicare, whether alone or with dual enrollment in Medicaid, has been steadily growing over time. (See Attachment A: Table 1 & Figure 1.1a.)
 - The total Medicare population, including dually eligible beneficiaries, increased from 45.7 million in 2006 to 62.9 million in 2018, an AAGR of 2.7 percent.
 - Of this total, the rate of increase has been greater among dually eligible beneficiaries than Medicare-only beneficiaries. The number of dually eligible beneficiaries increased from 8.6 million in 2006 to 12.2 million in 2018, an AAGR of 2.9 percent.
 - In comparison, the number of Medicare-only beneficiaries increased from 37.0 million in 2006 to 50.7 million in 2018, an AAGR of 2.7 percent.
- The proportion of Medicare beneficiaries who were dually eligible for Medicaid increased only slightly, from 18.9 percent in 2006 to 19.4 percent in 2018. This percentage peaked at 19.8 percent in 2011 but has since declined slightly to 19.4 percent in 2018. (See Attachment A: Table 1 & Figures 1.1b – 1.1d.)
- Growth in partial-benefit dually eligible enrollment appears to be driving the high growth rate noted above for the dually eligible beneficiary population, overall. Specifically, the number of partial-benefit dually eligible beneficiaries increased at an average rate of 6.1 percent per year from 2006 to 2018, from 1.8 million to 3.5 million. In contrast, the number of dually eligible

and QI, is likely to have been a major contributor.

beneficiaries with full Medicaid benefits increased by 2.2 percent per year, on average, from 6.8 million to 8.7 million.

- Also indicative of a shifting distribution, the percent of all dually eligible beneficiaries who were eligible only for partial benefits increased from 21.2 percent to 28.9 percent from 2006 to 2018.
- In 2018, 70.1 percent of all full-benefit dually eligible beneficiaries qualified as Qualified Medicare Beneficiaries (QMB-plus), versus 68.4 percent in 2006.
- In 2018, among partial-benefit dually eligible beneficiaries, 48.9 percent were Qualified Medicare Beneficiaries without Medicaid (QMB-only), partial-benefit individuals who are eligible for assistance with Medicare cost-sharing, but are not eligible for full Medicaid benefits, up from 44.4 percent in 2006.
- Partial-benefit Specified Low-Income Medicare Beneficiaries without other Medicaid (SLMB-only) made up 32.2 percent of those with partial Medicaid benefits in 2018, down from 36.1 percent in 2006.

2. Trends in Demographics and Disability Status from 2006 through 2018

- The composition of dually eligible beneficiaries by age, sex, and race/ethnicity changed slightly between 2006 and 2018. (See Attachment A: Table 2 and Figures 2.1 – 2.3.)
 - *Race/ethnicity*: The proportion of dually eligible beneficiaries who are of a minority race/ethnic group increased from 41.1 percent in 2006 to 47.5 percent in 2018. Compared to Medicare-only beneficiaries, the dually enrolled population continues to be more racially and ethnically diverse. For instance, in 2018, 47.5 percent of dually eligible beneficiaries and 21.1 percent of Medicare-only beneficiaries were of a racial or ethnic minority group. More specifically, among dually eligible beneficiaries, 20.4 percent were Black/African American; 17.8 percent were Hispanic/Latino; 6.4 percent were Asian/Pacific Islander; 0.9 percent were American Indian/Alaska Native; and 0.7 percent were “other” race/ethnicity groups.
 - *Gender*: In 2018, about 59.6 percent of the dually eligible beneficiaries were female, compared to 53.0 percent of Medicare-only (non-dual) beneficiaries. In 2006, women comprised 62.5 percent of dually eligible beneficiaries and 54.1 percent of Medicare-only beneficiaries.
 - *Age*: In 2018, 39.0 percent of dually eligible beneficiaries were under age 65, up from 38.3 percent in 2006. In contrast, among Medicare-only beneficiaries, 8.6 percent were under age 65 in 2018, down from 11.3 percent in 2006.
- A closer look at the change in Medicare-Medicaid dual-enrollment from 2006 to 2018 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.)

- Since 2006, the number of dually eligible beneficiaries under age 65 increased from 3.3 million to 4.8 million. Among those over 65, the number increased from 5.3 million to 7.4 million. The AAGRs between 2006 and 2018 were 3.1 and 2.8 percent among the two age groups, respectively. Since 2017, virtually all the growth occurred in the group of dually eligible beneficiaries who were ages 65 and older.
- Among dually eligible beneficiaries with partial benefits, the number of beneficiaries *under the age of 65* doubled, from 0.7 million to 1.4 million between 2006 and 2018. Among partial-benefit dually eligible beneficiaries *over the age of 65* the number enrolled increased from 1.1 million to 2.1 million individuals. The AAGRs for the two age groups of partial benefit dually enrolled individuals were 6.1 and 5.3 percent, respectively.
- Full-benefit dually eligible beneficiaries *under the age of 65* have increased in number since 2006, from 2.6 million to 3.4 million individuals. Full-benefit dually eligible beneficiaries *over the age of 65* have similarly increased in number, increasing from 4.2 million to 5.3 million individuals. The AAGRs for both groups were 2.1 and 2.0 percent, respectively.
- In comparison, from 2006 to 2018, the Medicare-only population increased from 4.2 to 4.3 million individuals *under age 65*, and from 33.0 to 46.4 million individuals *over age 65*. The AAGRs were 0.4 and 2.9 percent for the two age groups, respectively.
- A greater proportion of dually eligible beneficiaries than Medicare-only beneficiaries were found to have had a Medicare-qualifying disability. (See Attachment A: Figure 5.)
 - In 2018, 38.6 percent of dually eligible beneficiaries were currently eligible for Medicare due to a disability (with or without ESRD), compared to 37.9 percent in 2006.
 - In comparison, only 8.4 percent of Medicare-only beneficiaries had a qualifying disability (with or without ESRD) in 2018, 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) to track enrollment numbers and trends across demographic groups.⁶ The state-reported “State MMA File” data were used to identify dually eligible beneficiaries. As required by the Medicare Modernization Act (P.L. 108-173), states submit these files to CMS on an at-least-monthly basis to report which of their Medicaid beneficiaries are eligible for Medicare benefits, and their specific dual eligibility type. Using the “ever-enrolled” approach, any individual with one or more months of dual eligibility in a year was counted as a dually eligible beneficiary. The State MMA File is considered the most current, accurate, and consistent source of information on beneficiaries’ dual eligibility status for any given month. See Attachment B on defining dually eligible beneficiaries in CMS administrative data sources.

⁶ P-values were not computed because given the large sample size, almost all differences are statistically significant.

ATTACHMENT A

Figure 1.1a, below, shows the increase in dually eligible and Medicare-only enrollment from 2006 to 2018. The dually enrolled population increased steadily from 8,649,890 in 2006 to 12,176,789 in 2018, a 2.9 percent AAGR over the thirteen years. Medicare-only non-dually eligible beneficiaries increased from 37,035,298 in 2006 to 50,717,280 in 2018, an AAGR of 2.7 percent. Taken as a whole, the total Medicare population increased by from 45,685,188 in 2006 to 62,894,069 in 2018, an AAGR of 2.7 percent.

Figure 1.1a: Number of Dually Eligible and Medicare-only Beneficiaries (2006-2018)

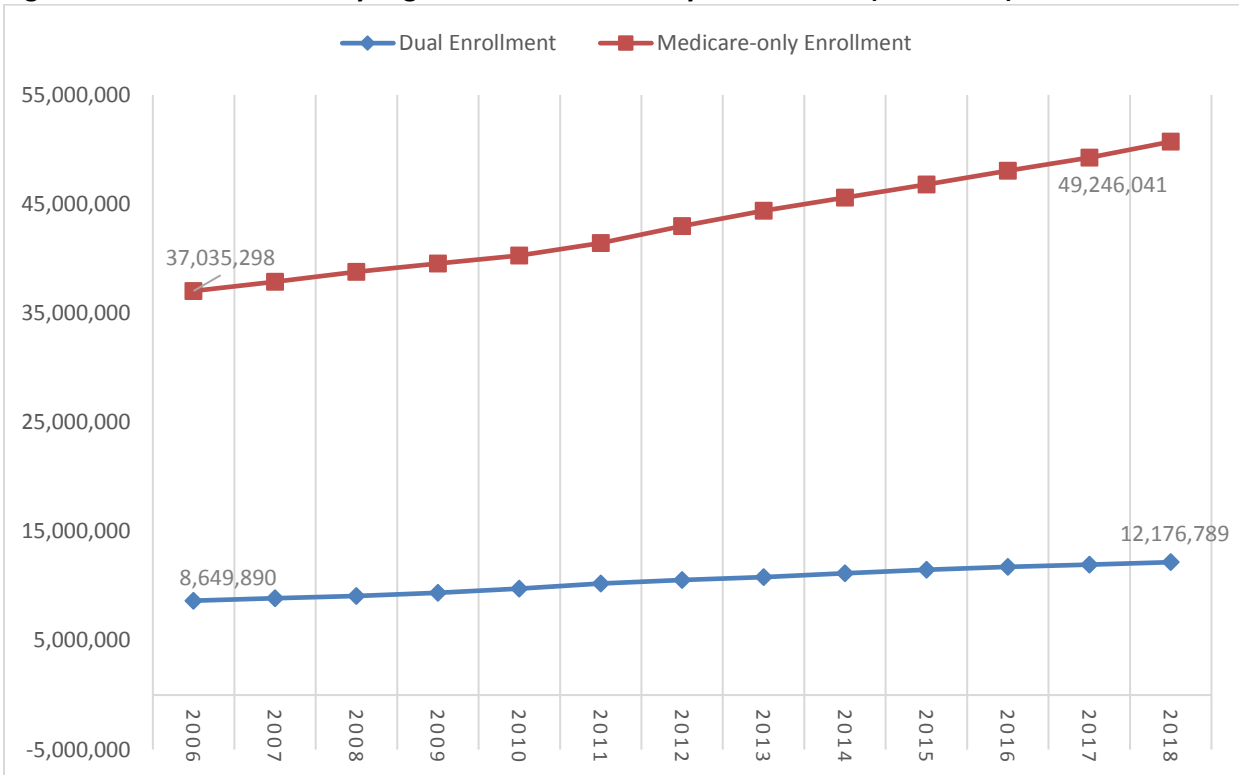


Figure 1.1b shows that the proportion of total Medicare beneficiaries comprised by dually eligible beneficiaries increased slightly from 18.9 to 19.4 percent over this twelve-year time period. This percentage peaked at 19.8 percent in 2011 but has since declined slightly to 19.4 percent in 2018.

Figure 1.1b: Dually Eligible Beneficiaries as a Proportion of All Medicare Beneficiaries (2006-2018)

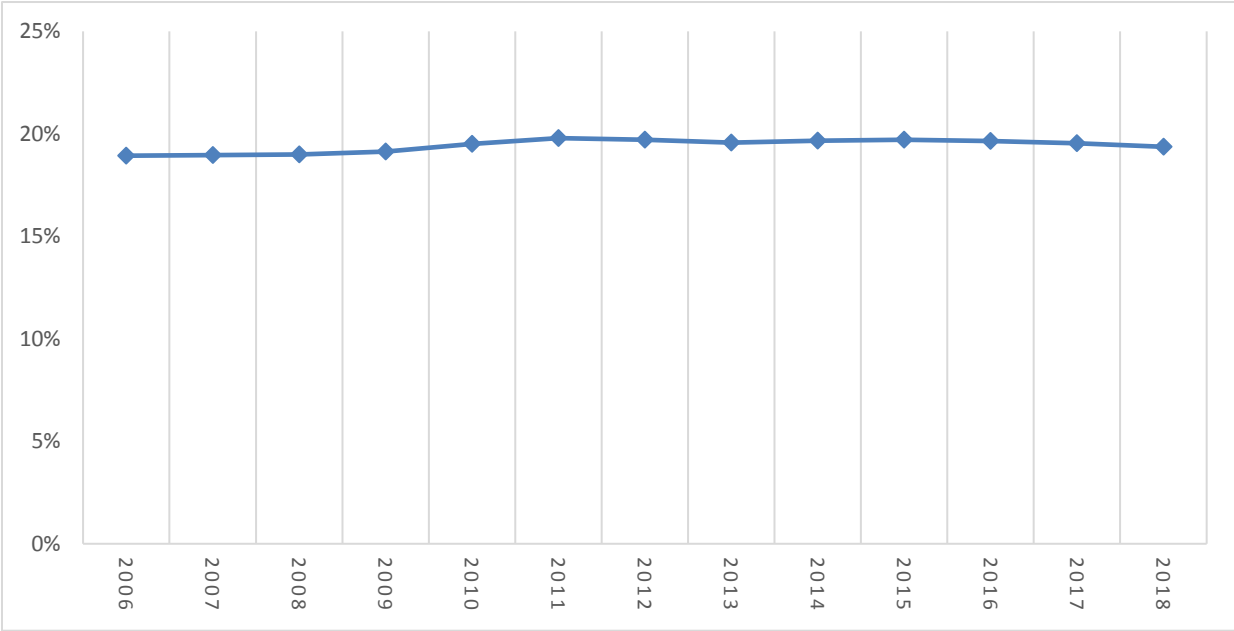


Figure 1.1c shows enrollment trends among full- and partial-benefit beneficiaries. Full-benefit enrollment increased from 6,819,768 in 2006 to 8,661,245 in 2018. Partial-benefit enrollment increased from 1,830,122 to 3,515,544 over the same time span. These numbers equate to AAGRs of 2.0 percent among full-benefit beneficiaries and 5.6 percent among partial-benefit beneficiaries.

Figure 1.1c: Full- and Partial-Benefit Dually Eligible Beneficiaries (2006-2018)

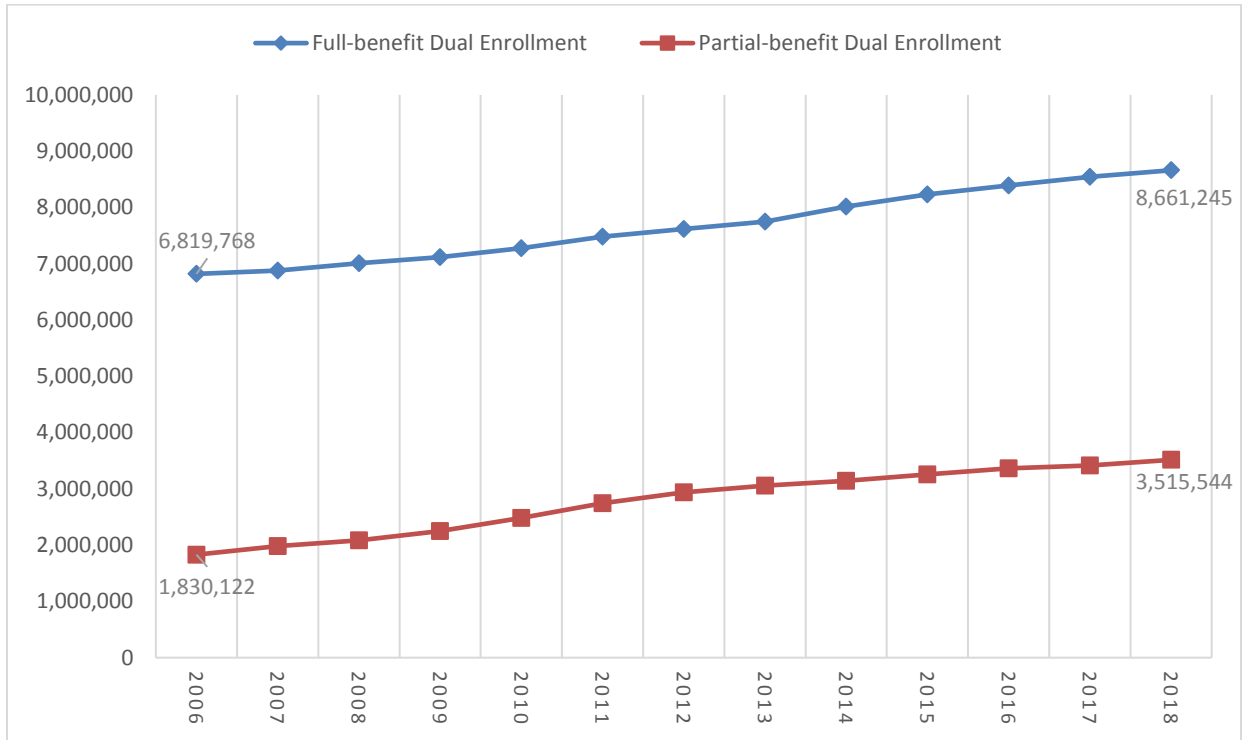


Figure 1.1d shows that the proportion of dually eligible beneficiaries who receive partial benefits (i.e., Medicaid assistance with Medicare cost-sharing, but no additional Medicaid benefits eligibility) increased from 21.2 percent of all dually enrolled beneficiaries in 2006 to 28.3 percent in 2013, and has since remained relatively steady at 28.9 percent in 2018.

Figure 1.1d: Partial-benefit as a Proportion of All Dually Eligible Beneficiaries (2006-2018)

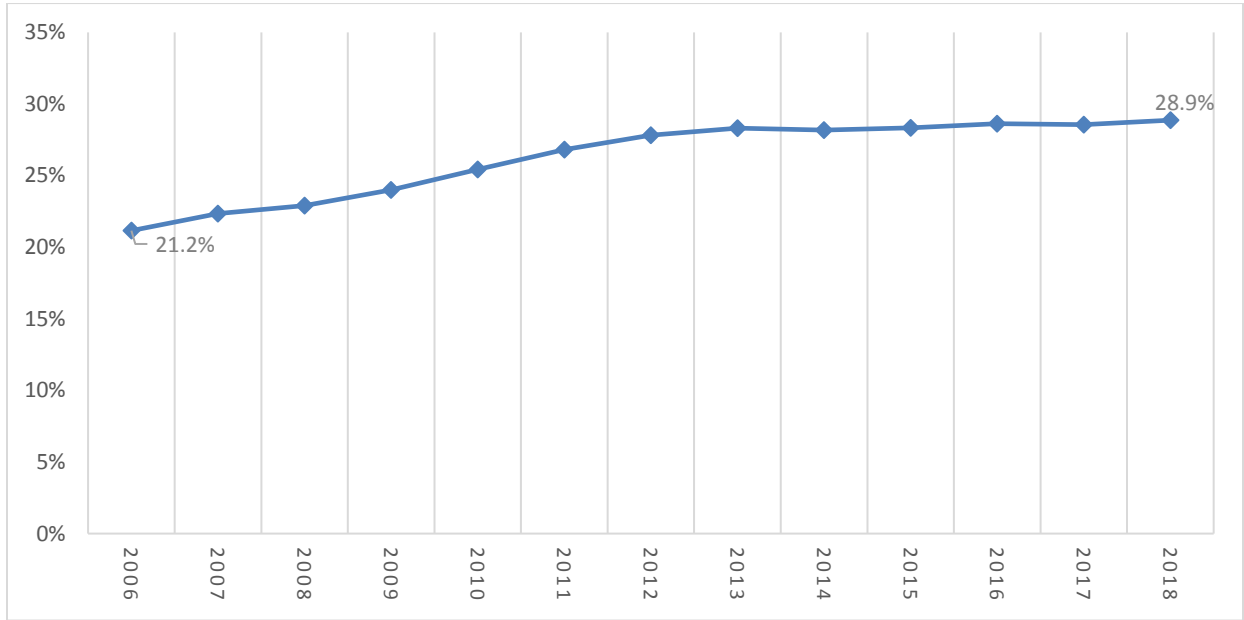
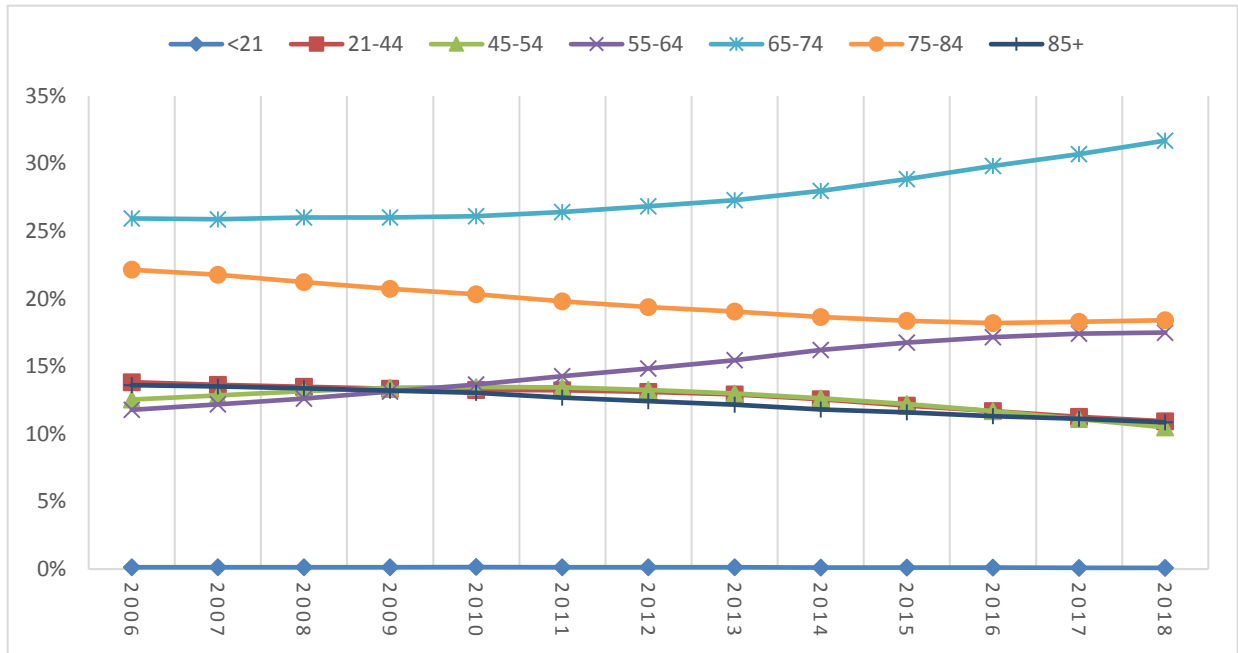


Figure 2.1 shows a shift in the age distribution of dually eligible individuals from 2006 to 2018. Generally, the proportion of dually eligible beneficiaries in all age groups declined slightly, except for age brackets 55-64 and 65-74, which increased 5.7 and 5.8 percentage points to 17.5 and 31.7 percent, respectively, in 2018.

Figure 2.1: Percent of All Dually Eligible Beneficiaries by Age Group (2006-2018)



Figures 2.2a and 2.2a (zoom) show a gradual shift in the race/ethnicity composition of dually eligible beneficiaries from 2006 to 2018. These graphs show that among the dually eligible population, the proportion of enrollees in race/ethnicity minority groups collectively increased 6.5 percentage points from 2006 to 2018. Over these thirteen years, the proportion of African American, Hispanic/Latino(a), Asian, and American Indian/Alaska Native beneficiaries each increased slightly to 20.4 percent, 17.8 percent, 6.4 percent, and 0.9 percent in 2018, respectively, while the White population declined by 6.5 percentage points to 52.5 percent.

Figure 2.2a: Percent of Dually Eligible Beneficiaries by Race/Ethnicity Group (2006-2018)

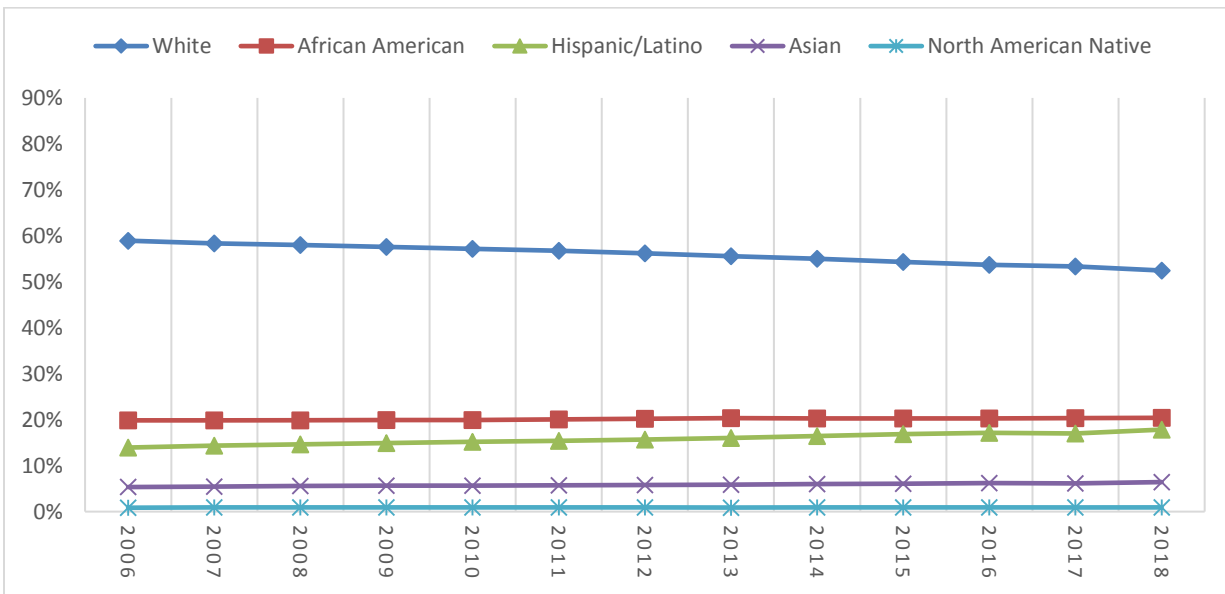
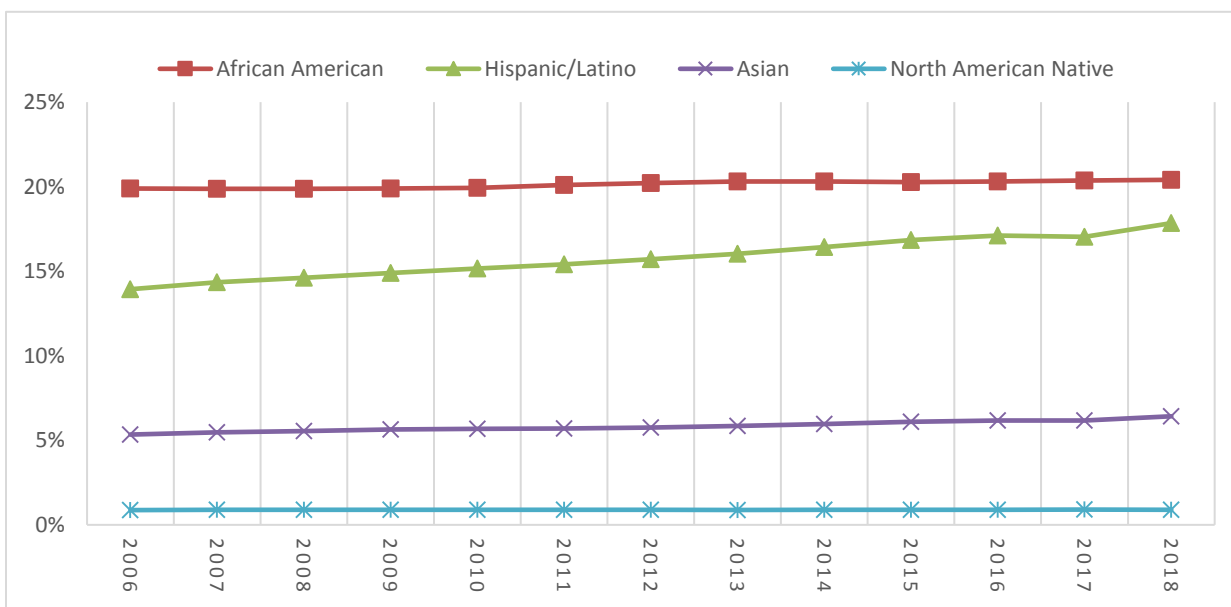


Figure 2.2a (zoom): Percent of Dually Eligible Beneficiaries by Race/Ethnicity Group, Excluding White (2006-2018)



The race/ethnicity composition is different for Medicare-only beneficiaries, as compared to that of dually eligible beneficiaries (Figure 2.2a). Figures 2.2b and 2.2b (zoom) show that among the Medicare-only population, enrollees in race/ethnicity minority groups increased 4.8 percentage points over thirteen years. In 2018, White, African American, Hispanic/Latino(a), Asian, and American Indian/Alaska Native beneficiaries comprised 78.9 percent, 8.1 percent, 7.4 percent, 2.7 percent, and 0.3 percent of the Medicare-only population, respectively. Note that for easy comparison, Figure 2.2b (zoom) for Medicare-only beneficiaries maintains the same scale as 2.1b (zoom) for dually eligible beneficiaries.

Figure 2.2b: Percent of Medicare-only Beneficiaries by Race/Ethnicity Group (2006-2018)

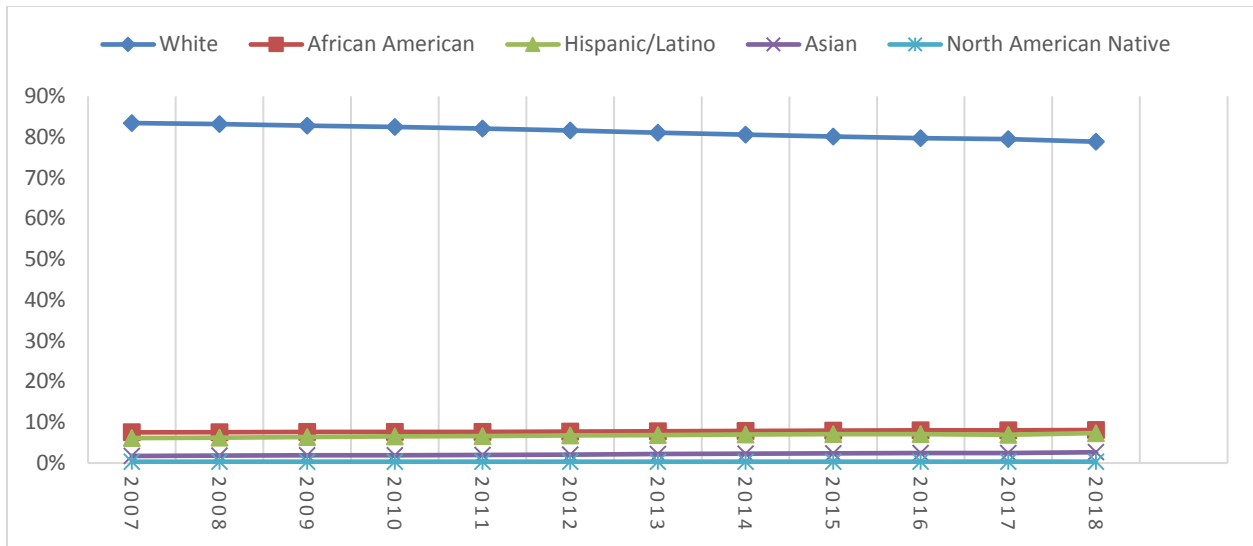


Figure 2.2b (zoom): Percent of Medicare-only Beneficiaries by Race/Ethnicity Group, Excluding White (2006-2018)

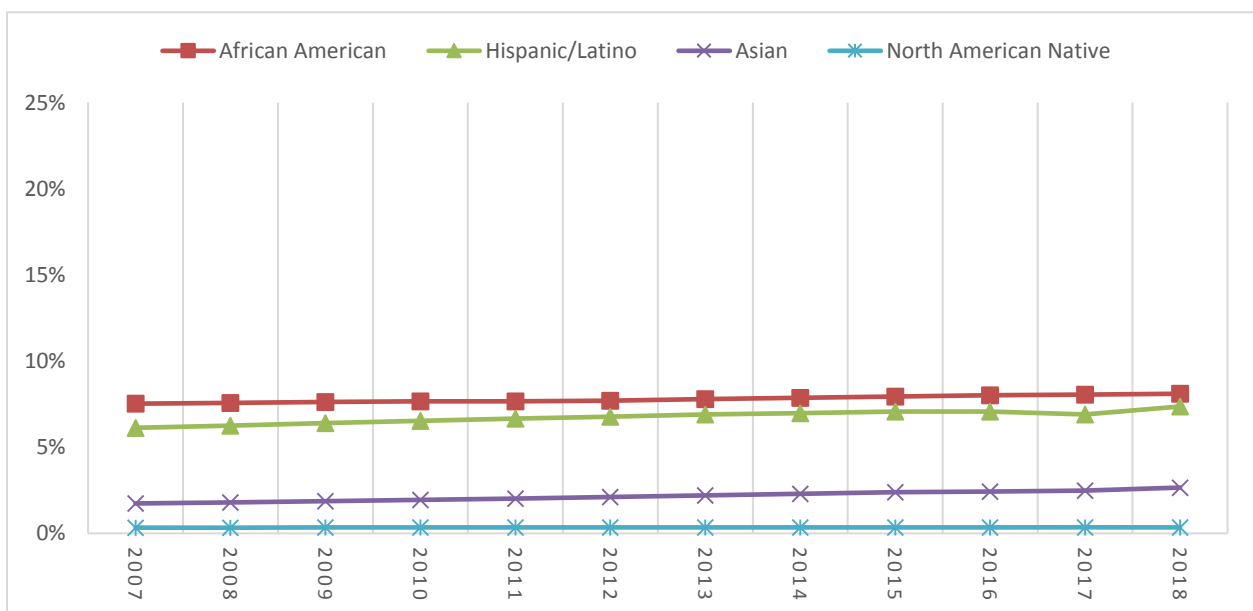


Figure 2.3 shows a gradually shifting gender composition among both dually eligible beneficiaries and Medicare-only beneficiaries from 2006 to 2018. Among dually eligible beneficiaries, females declined 2.9 percentage points to 59.6 percent in 2018. Among Medicare-only beneficiaries, females declined by 1.1 percentage point, to 53.0 percent in 2018.

Figure 2.3: Females as a Percentage of Total Dually Eligible Beneficiaries and Medicare-only Beneficiaries (2006-2018)

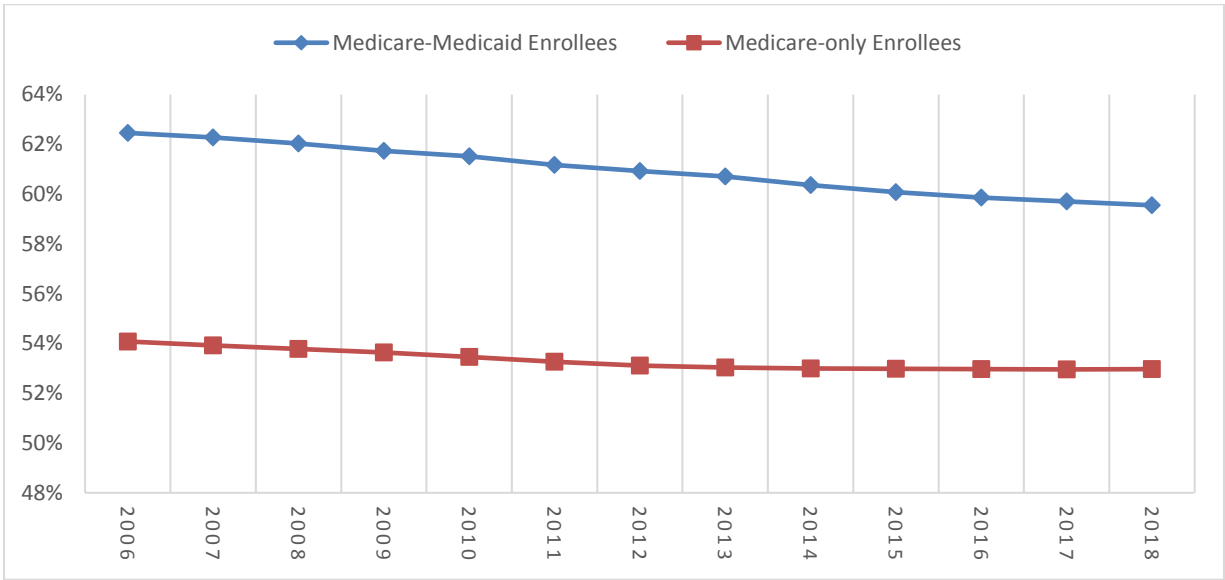


Figure 3 shows the composition of the dually eligible population by eligibility status from 2006 through 2018. Partial-benefit eligibility groups (including QMB-only) account for a growing share of dually eligible beneficiaries, increasing from 21.2 percent of all dually eligible individuals in 2006 to 28.9 percent of all dually eligible individuals in 2018. QMB-only beneficiaries more than doubled in number, increasing from 812,716, or 9.5 percent, of all dually eligible beneficiaries in 2006, to 1,718,378, or 14.1 percent, of all dually eligible beneficiaries in 2018. Full-benefit QMB beneficiaries increased to 6,075,649 in 2018. SLMB-only and SLMB-plus beneficiaries increased to 1,133,397 and 327,099 beneficiaries, respectively, in 2018. The number of QDWI beneficiaries remained relatively low at 519 in 2018. Also in the partial benefit category, Qualifying Individuals (QI) increased in number to 663,250 in 2018. Finally, the number of beneficiaries in the “Other Full-benefit Dual” category increased to 2,258,497 in 2018.

Figure 3: Total Dually Eligible Beneficiaries by Eligibility Status (2006-2018)

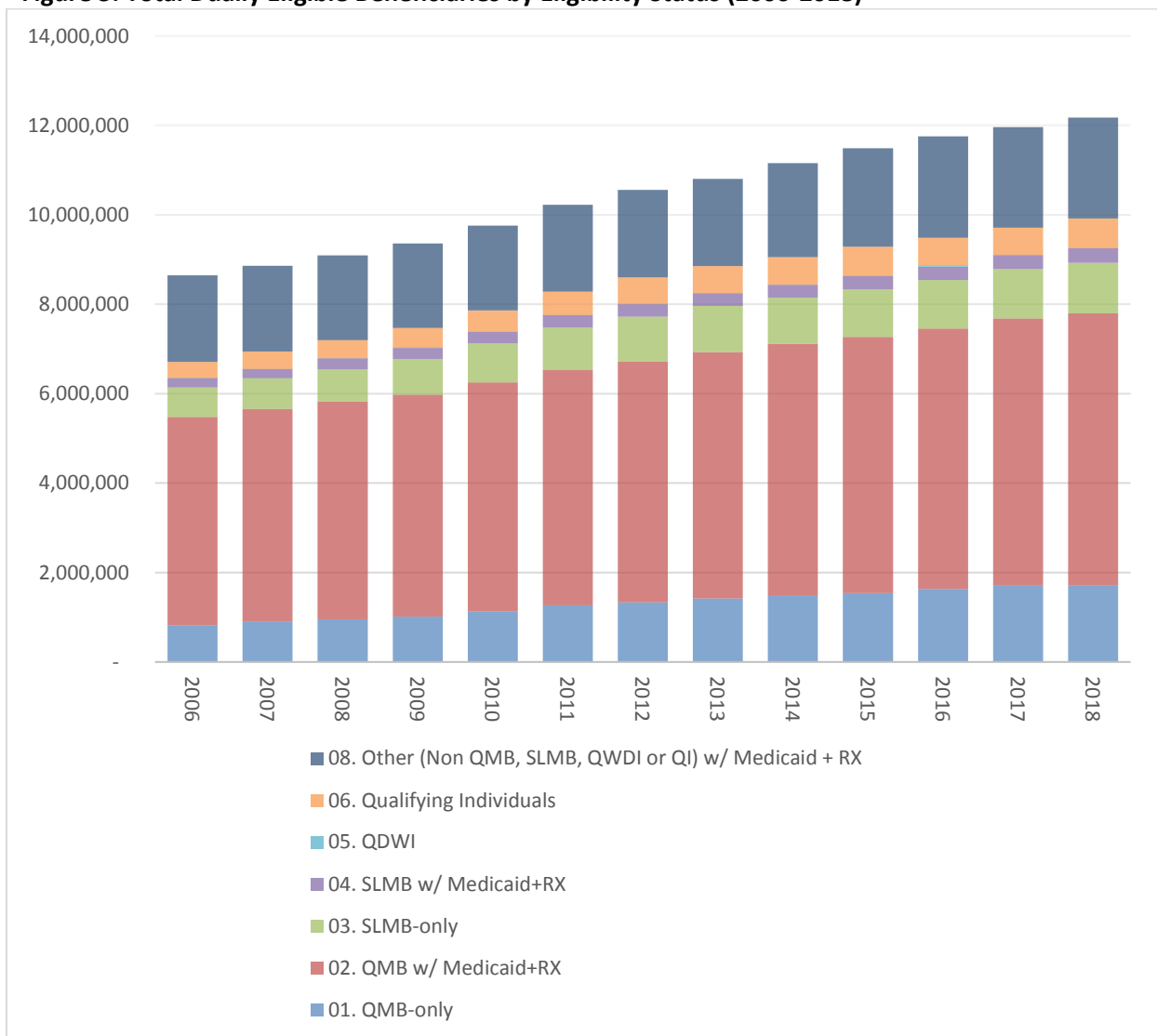


Figure 4 shows the trends in the shifting age composition among dually eligible beneficiaries from 2006 to 2018. The proportion of all individuals under age 65 who were dually eligible increased from 44.2 percent in 2006 to 52.2 percent in 2018. In raw numbers, dually eligible beneficiaries under age 65 increased from 3.3 to 4.8 million, thereby surpassing the number of Medicare-only beneficiaries under age 65, which increased from 4.2 to 4.3 million beneficiaries. Proportionally, the distribution of dually eligible beneficiaries who were under age 65 increased from 38.3 to 39.0 percent. The comparable proportion of Medicare-only beneficiaries who were under 65 dropped from 11.3 percent in 2006 to 8.6 percent in 2018.

Figure 4: Proportion of All Beneficiaries under Age 65 Who are Dually Eligible Beneficiaries (2006-2018)

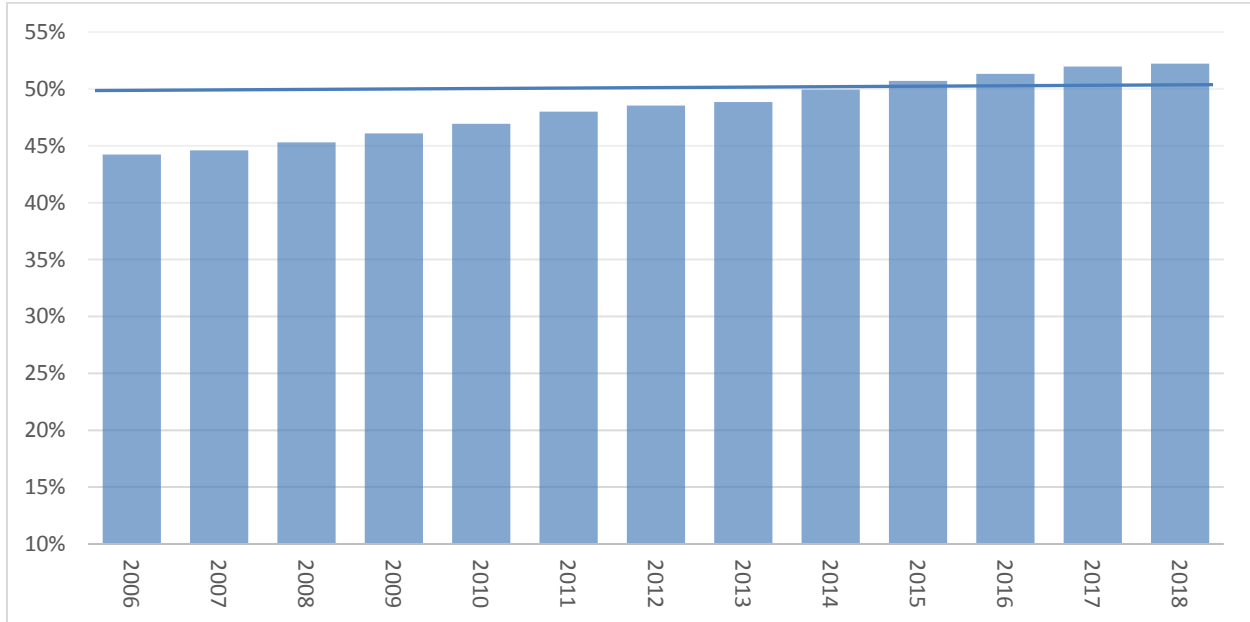


Figure 5 shows the change in the percentage of beneficiaries with a Medicare-qualifying disability (with or without ESRD) and confirms the results in Figure 4. *The proportion of all individuals with a current Medicare-qualifying status as disability or disability/ESRD who were dually eligible shifted from 44.3 percent in 2006 to 52.3 percent in 2018.* In 2018, 38.6 percent of dually eligible beneficiaries and 8.4 percent of Medicare-only beneficiaries were currently eligible for Medicare due to a disability. Among dually eligible beneficiaries, the percentage with a Medicare-qualifying disability climbed steadily from 37.9 percent in 2007 to 40.9 percent in 2014, and then fell to 38.6 percent in 2018. Among Medicare-only beneficiaries, the percentage with a Medicare-qualifying disability (with or without ESRD) gradually fell from 11.1 percent in 2006 to 8.4 percent in 2018.

Figure 5: Among All Beneficiaries Qualifying for Medicare due to Disability (With or Without Accompanying ESRD), the Proportion who are Dually Eligible Beneficiaries (2006-2018)

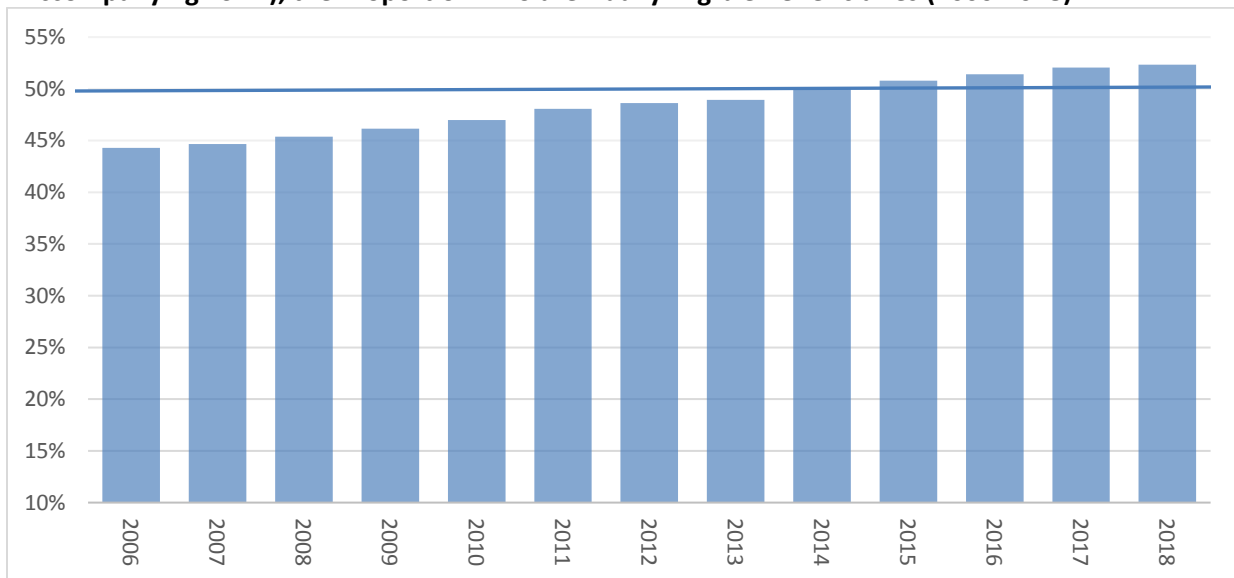


Table 1: Annual Enrollment Trends, by Enrollment Type (2006-2018)

Calendar Year	Total Number of Medicare Enrollees (Including Dually Eligible Beneficiaries)	Total Number of Medicare-Only Enrollees (Non-Medicaid Eligible)	Among All Medicare Enrollees, the Percent who are Medicare-Only (non-Medicaid Eligible)	Total Number of Dually Eligible Beneficiaries	The Percent who are Dually Eligible Among All Medicare Enrollees,	Total Number of Full-Benefit Dually Eligible Beneficiaries	The Percent with Full Medicaid Benefits Among All Dually Eligible Beneficiaries	Total Number of Partial-Benefit Dually Eligible Beneficiaries	The Percent who are Partial Benefit Among All Dually Eligible Beneficiaries
2006	45,685,188	37,035,298	81.1%	8,649,890	18.9%	6,819,768	78.8%	1,830,122	21.2%
2007	46,735,669	37,873,733	81.0%	8,861,936	19.0%	6,880,844	77.6%	1,981,092	22.4%
2008	47,868,545	38,775,366	81.0%	9,093,179	19.0%	7,011,147	77.1%	2,082,032	22.9%
2009	48,916,671	39,554,304	80.9%	9,362,367	19.1%	7,115,138	76.0%	2,247,229	24.0%
2010	50,052,677	40,290,749	80.5%	9,761,928	19.5%	7,279,339	74.6%	2,482,589	25.4%
2011	51,667,131	41,441,332	80.2%	10,225,799	19.8%	7,482,875	73.2%	2,742,924	26.8%
2012	53,540,256	42,984,784	80.3%	10,555,472	19.7%	7,617,630	72.2%	2,937,842	27.8%
2013	55,206,227	44,399,188	80.4%	10,807,039	19.6%	7,748,066	71.7%	3,058,973	28.3%
2014	56,767,778	45,607,720	80.3%	11,160,058	19.7%	8,016,044	71.8%	3,144,014	28.2%
2015	58,294,184	46,803,894	80.3%	11,490,290	19.7%	8,234,056	71.7%	3,256,234	28.3%
2016	59,818,470	48,062,848	80.3%	11,755,622	19.7%	8,391,305	71.4%	3,364,317	28.6%
2017	61,205,108	49,246,041	80.5%	11,959,067	19.5%	8,542,340	71.4%	3,416,727	28.6%
2018	62,894,069	50,717,280	80.6%	12,176,789	19.4%	8,661,245	71.1%	3,515,544	28.9%

ATTACHMENT B

Defining Medicare-Medicaid Dually Enrolled Beneficiaries in CMS Administrative Data

This document provides the MMCO-recommended method of identifying Medicare-Medicaid dually enrolled beneficiaries from CMS data. As detailed below, this recommended method relies on the State MMA File of Dual Eligibles. While there are several other ways of identifying dually eligible beneficiaries in practice (e.g., the Medicaid Statistical Information System (MSIS) and Medicaid Analytic eXtract (MAX) data, self-reported data in Medicare Current Beneficiary Survey (MCBS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS), State Buy-in data on the Medicare files) that are appropriate for certain analyses, 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 Eligibility⁷ –

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 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

⁷ The State MMA File definition of Medicare-Medicaid beneficiary implies simultaneous enrollment (in any given month) in both 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 co-enrollment (in any given month) in both Medicaid and Medicare Parts A and 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.

are eligible to receive, which vary by income and assets at any given point in time. The seven types of Medicare-Medicaid dual eligibility are described below.^{8,9}

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 (adjusted for inflation), 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.¹⁰

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 (adjusted for inflation), 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.¹¹

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 Supplemental Security Income (SSI) eligibility (adjusted for inflation), 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

⁸ 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).

⁹ The income and asset limits for the Medicare Savings Plans (MSPs) are released annually by the CMS. The income limit for Qualified Disabled Working Individual (QDWI) includes an earned income disregard of \$65. The asset limit calculation for QMB, SLMB, and QI beneficiaries is 3 times the SSI resource limit, adjusted annually by increases in the Consumer Price Index (effective January 1, 2010). States can effectively raise the federal floor for income and resources standards under the authority of section 1902(r)(2) of the Social Security Act, which generally permits state Medicaid agencies to disregard income and/or resources that are counted under certain standard financial eligibility methodologies. Some states have used the authority of section 1902(r)(2) of the Act to eliminate any resource criteria for the MSP groups.

¹⁰ Providers can bill Medicaid programs for these amounts, but states have the option to reduce or eliminate the state’s Medicare cost sharing payments by adopting policies that limit payment to the lesser of (a) the Medicare cost sharing amount, or (b) the difference between the Medicare payment and the Medicaid rate for the service.

¹¹ Providers can bill Medicaid programs for these amounts, but states have the option to reduce or eliminate the state’s Medicare cost sharing payments by adopting policies that limit payment to the lesser of (a) the Medicare cost sharing amount, or (b) the difference between the Medicare payment and the Medicaid rate for the service. For services that Medicare doesn’t cover, Medicaid may cover the service, and pay the amount specified in the State Plan.

resources that do not exceed twice the limit for SSI eligibility (adjusted for inflation), 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.

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 (adjusted for inflation), 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 dually eligible 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 beneficiaries do not 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, dually eligible 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 dually eligible 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 dually eligible beneficiaries with one or more months of any full- or partial-benefit dual eligibility (e.g., codes 01-08).

Step 2: Among all dually eligible 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 in reverse order through every month and through January of the year, so that beneficiaries with dual eligibility for only the month of January are classified as full/partial according to their status in January.