

Data Analysis Brief: Medicare-Medicaid Dual Enrollment from 2006 through 2013

Prepared by Medicare-Medicaid Coordination Office

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BACKGROUND

This report is an analysis of trends in Medicare-Medicaid enrollee population and demographic characteristics from 2006 through 2013. It can be found at <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/DualEnrollment20062013.pdf>. This report updates a similar Data Analysis Brief that we issued in 2013. With two additional years of data (2012-2013), most of the trends identified in the 2013 report have continued. One notable exception: relative to the Medicare population the percentage of Medicare-Medicaid enrollees, which increased slightly from 2006 to 2011, has declined slightly in the two years since.

In this Data Analysis Brief, MMCO examines the number of beneficiaries who were ever-enrolled¹ in both Medicare and Medicaid (Medicare-Medicaid enrollees, also known as dual eligible beneficiaries)² for one or more months over the course of each calendar year³. *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 we work to get more currency in the Medicaid data received by CMS, we plan to expand our analysis to compare the demographic experience of Medicare-Medicaid enrollees to similar subpopulations in Medicaid.⁴

SUMMARY OF KEY FINDINGS

- *Total Population Continues to Grow.* Between 2006 and 2013, the total number of Medicare-Medicaid enrollees increased by 24%, from 8.6 million to **10.7 million**; in comparison, the number of Medicare-only beneficiaries grew by only 21%, from 36.8 million to 44.6 million. As a result, Medicare-Medicaid enrollees make up a slightly larger percent of the total Medicare population in 2013 (**19.4%** in 2013 versus 19.0% in 2006). This percentage peaked at 19.7% in 2011 but has since declined.

¹ Please see Attachment C, section 5 for definition of "ever-enrolled".

² The term "Medicare-Medicaid enrollee" is synonymous with the term "Dual Eligible Beneficiary" used in prior reports.

³ In this report, all results are presented by calendar year, rather than Federal Fiscal Year.

⁴ For comparison to Medicaid only individuals with disabilities for 2008-9, please see reports on chronic conditions and state/national profiles: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>.

- *Disability Status and Demographics Vary within the Population:* When compared to Medicare-only beneficiaries, Medicare-Medicaid enrollees differ in certain key ways.
 - Disability status: In 2013, compared to Medicare-only beneficiaries, Medicare-Medicaid enrollees are more likely to have a Medicare-qualifying disability, with about **43%** of Medicare-Medicaid enrollees having disability as current Medicare status (with or without accompanying ESRD), compared to 12% of Medicare-only beneficiaries. This represents a gradual upward trend, especially among Medicare-Medicaid enrollees, from 2006, in which about 38% of Medicare-Medicaid enrollees and 11% of Medicare-only enrollees, respectively, qualified for Medicare due to disability (with or without ESRD).
 - Demographic information: Compared to other Medicare beneficiaries, Medicare-Medicaid enrollees are more likely to be younger, female, and of racial/ethnic minority status.

- *Number of Partial-Benefit Medicare-Medicaid Enrollees Has Increased Significantly:* The number of Partial Benefit Medicare-Medicaid enrollees⁵ (which increased 66%, from 1.8 million in 2006 to **3.0 million** in 2013) appears to be growing faster than the number of Full Benefit Medicare-Medicaid enrollees (which increased 13%, from 6.8 million in 2006 to **7.7 million** in 2013). Thus, while both Full and Partial Benefit Medicare-Medicaid enrollees have been steadily increasing in number, there has been a significant shift in the composition.
 - Specifically, the proportion of Medicare-Medicaid enrollees eligible only for assistance with Medicare cost-sharing jumped from 21% in 2006 to 28% in 2013. The largest percentage increase was among the Qualified Medicare Beneficiary (QMB)-only population, which increased by roughly 75%, from about 820,000 to more than 1.4 million⁶.

- *Managed Care Penetration has Accelerated:* Medicare services have been increasingly delivered in a managed care context, irrespective of whether beneficiaries are Medicare-only or Medicare-Medicaid enrollees.
 - Between 2006 and 2013, managed care participation rates doubled from 13% to 27% of all Medicare-only beneficiaries. For Medicare-Medicaid enrollees, managed care participation grew even faster, from 9% to **24%**
 - Managed care participation is even higher among Partial-Benefit Medicare-Medicaid enrollees, having grown from 14% to 35% in 2013. By contrast, only 20% of Full-Benefit Medicare-Medicaid enrollees participated in managed care during 2013.

⁵ See Attachment C, sections 3-4, for definition of "Partial Benefit" Medicare-Medicaid enrollee.

⁶ While multiple factors may be responsible for the disproportionate growth of the Partial Benefit Medicare-Medicaid enrollee 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.

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-Medicaid enrollee population counts, from 2006 through 2013, are presented with trends in distribution by age, sex, race, Medicare-Medicaid eligible status, current Medicare status, and Part A/B coverage category. For more details, please see the accompanying Excel tables.

1. Trends in the Size and Composition of the Medicare-Medicaid Enrollees and Medicare-only Enrollees

- Enrollment in Medicare, whether alone or concomitant with Medicaid, has been steadily growing over time. (See Attachment A: Table 1 & Figure 1.1a)
 - The total Medicare population, including Medicare-Medicaid enrollees, grew from 45.4 million in 2006 to 55.3 million in 2013, a 22% increase.
 - The rate of increase has been slightly greater among Medicare-Medicaid enrollees than Medicare-only beneficiaries. The number of Medicare-Medicaid enrollees grew from 8.6 million in 2006 to 10.7 million in 2013, a 24% increase.
 - For comparison, the number of Medicare-only enrollees grew from 36.8 million in 2006 to 44.6 million in 2012, a 21% increase.
- Overall, the proportion of Medicare enrollees who were dually eligible for Medicaid grew only slightly, from 19.0% in 2006 to 19.4% in 2013. This percentage peaked at 19.7% in 2011 but has since declined. (See Attachment A: Table 1 & Figures 1.1b – 1.1c)
 - Growth in Partial Benefit Medicare-Medicaid enrollment appears to be driving the high growth rate noted above for the Medicare-Medicaid enrollee population overall. Specifically, the number of Partial Benefit Medicare-Medicaid enrollees grew by 66% between 2006 and 2013, from 1.8 million to 3.0 million, while the number of Full Benefit Medicare-Medicaid enrollees only grew by 13%, from 6.8 million to 7.7 million.
 - As a result of this shifting distribution, the percent of all Medicare-Medicaid enrollees that were Partial Benefit increased noticeably from 21% to 28% between 2006 and 2013.

2. Trends in Disability Status and Demographic Subpopulation across the Period of 2006 through 2013

- Medicare-Medicaid enrollees are more likely to have a Medicare-qualifying disability (See Attachment A: Figure 5)
 - In 2013, 43% of Medicare-Medicaid enrollees were currently eligible for Medicare due to a disability (with or without ESRD), a higher share than in 2006 (38%).

- By comparison, only 12% of Medicare-only enrollees have a qualifying disability (with or without ESRD), just a slight increase over 2006 levels (11%).
- A closer look at the change in Medicare-Medicaid dual-enrollment between 2006 and 2013 reveals that among Medicare-Medicaid enrollees, the number of beneficiaries under the age of 65 has escalated faster than those over the age of 65. (See Attachment A: Table 2 and Figure 2.4.)
 - The number of Partial Benefit Medicare-Medicaid enrollees under the age of 65 almost doubled between 2006 and 2013, from 0.7 million to 1.3 million. Partial Benefit Medicare-Medicaid enrollees over the age of 65 increased in number by only 52% over the same time period, from 1.1 million to 1.7 million.
 - Full Benefit Medicare-Medicaid enrollees under the age of 65 have increased in number by 20% since 2006, from 2.6 million to 3.2 million. In contrast, Full Benefit Medicare-Medicaid enrollees over the age of 65 have increased in number by only 8%, from 4.2 million to 4.5 million.
 - By comparison, Medicare-only population growth among those under 65 (13%) was lower than the growth among those over 65 (22%).
- The composition of Medicare-Medicaid enrollees by age, sex and race changed slightly between 2006 and 2013. (See Attachment A: Table 2 and Figures 2.1 – 2.3)
 - *Age:* In 2013, only 58% of Medicare-Medicaid enrollees are age 65 and older, compared to 62% in 2006.
 - *Race:* In 2013, enrollees of a minority race/ethnicity⁷ were between two and five times more likely to be dually enrolled in Medicare and Medicaid than enrolled in Medicare alone, compared to White enrollees. However, White enrollees still comprise the majority (63%) of Medicare-Medicaid enrollees, down slightly from 65% in 2006. About 21% of Medicare-Medicaid enrollees are Black/African American; 8% Hispanic/Latino; 5% Asian; and 1% Native American/Alaskan Native/Pacific Islander.
 - *Gender:* In 2013, about 61% of the Medicare-Medicaid enrollees were female, compared to about 53% of Medicare-only beneficiaries being female. These percentages are virtually unchanged since 2006.

3. Trends in Medicare-Medicaid Enrollee Eligibility Type across the Period of CY 2006 through 2013 (See Attachment A: Figure 3)

- More than half of all Medicare-Medicaid enrollees (51%) qualify as Qualified Medicare Beneficiaries eligible for full Medicaid benefits (listed as “QMB w/ Medicaid+RX” in the accompanying Excel tables), down from 54% in 2006.
- As noted above, Partial Benefit Medicare-Medicaid enrollees now represent 28% of all Medicare-Medicaid enrollees, up from 21% in 2006.

⁷ e.g., Black/African American, Hispanic/Latino, Asian, and Native American/Alaskan Native/Pacific Islander (includes Native Hawaiian)

- Within this total, Qualified Medicare Beneficiaries only eligible for assistance with Medicare cost-sharing, but not eligible for full Medicaid benefits (listed as “QMB-only” in the accompanying Excel tables), account for much of the increase, having grown from 9.4% in 2006 to 13.3% in 2013.
- The number of enrollees in other categories of eligibility, such as Specified Low-income Medicare-Beneficiaries, has also grown.

4. Trends in Medicare Managed Care across the Period of 2006 through 2013 (See Attachment A: Figure 4)

- As with the Medicare-only population, managed care enrollment has grown significantly among Medicare-Medicaid enrollees. In 2006, 87% of all Medicare-Medicaid enrollees were enrolled in traditional Medicare Fee-for-Service and 9% were enrolled in Medicare managed care. By 2013, only 74% of Medicare-Medicaid enrollees were enrolled in Fee-for-Service while 24% were enrolled in a managed care plan.
- During that time, among Full Benefit Medicare-Medicaid enrollees, the percentage in FFS decreased from 89% to 79% while the percentage in managed care grew from 8% to 20%. Also, among Partial Benefit Medicare-Medicaid enrollees, the percentage in FFS decreased from 78% to 64% while the percentage in managed care increased from 14% to 35%.
- Overall, Medicare-Medicaid enrollees now account for 2.6 million of the 14.7 million Medicare enrollees in managed care.

DATA SOURCES AND METHODOLOGY

CMS internal data sources including the Provider, Enrollment and Attributed Reports (PEAR) system, and Common Medicare Environment (CME) within Integrated Data Repository (IDR) were used in this analysis. To identify Medicare-Medicaid enrollees, these data also included State-reported on the State MMA File of Medicare-Medicaid enrollees (aka “State MMA File”). Within CMS’ systems, the State MMA File is considered the most current, accurate and consistent source of information on beneficiaries’ Medicare-Medicaid enrollee status for any given month. As required by the Medicare Modernization Act (MMA), States submit these data files to CMS on at least a monthly basis files to report which of their Medicaid beneficiaries are dually eligible to receive Medicare, along with the type of Medicare-Medicaid eligible status. Within the IDR this information is recorded monthly for each beneficiary on the IDR table called “Bene_Fct”. The data for this report were as of June 2014. Please see Attachment B for more information on defining Medicare-Medicaid dual enrollees in the CMS administrative data sources.

ATTACHMENT A

Figure 1.1a, below, shows the increase in Medicare-Medicaid dual enrollee and Medicare-only population counts between 2006 and 2013. Medicare-Medicaid enrollees increased steadily from 8,628,866 in 2006 to 10,704,967 in 2013. The total Medicare population increased proportionately from 45,422,076 to 55,266,817.

Figure 1.1a: Number of Medicare-Medicaid Enrollees and Medicare-only Enrollees, 2006 through 2013

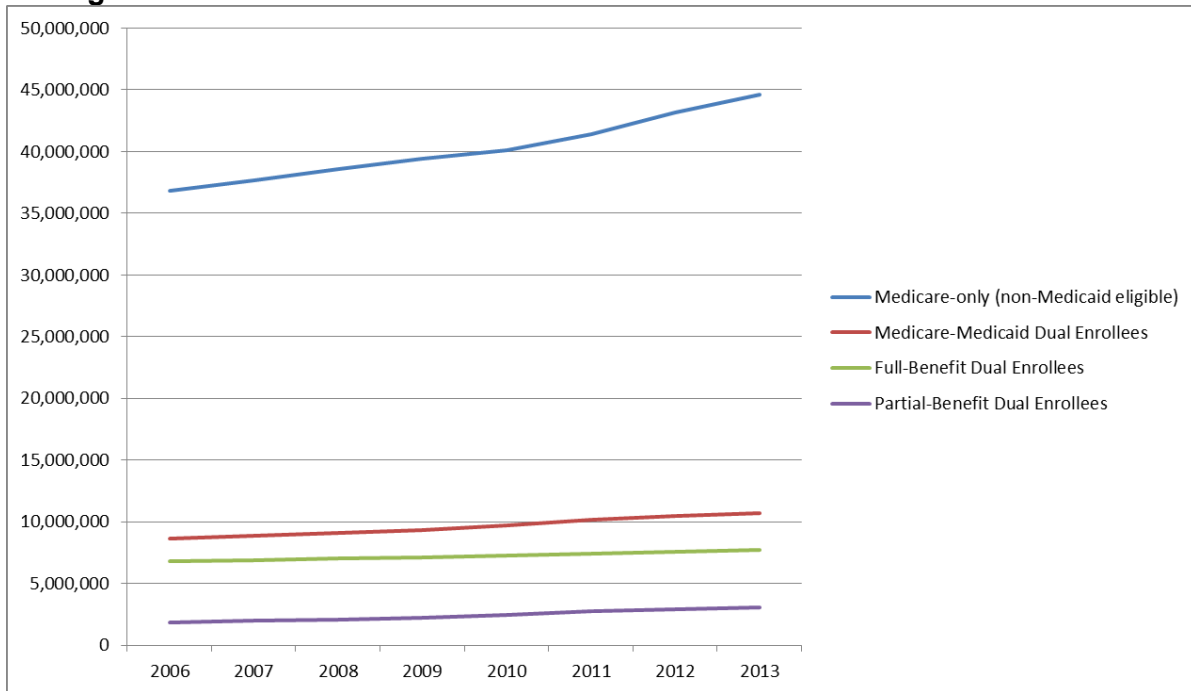


Figure 1.1b shows that the proportion of total Medicare enrollees comprised by Medicare-Medicaid enrollees remained at 19% over this time period.

Figure 1.1b: Medicare-Medicaid Enrollees as a Proportion of All Medicare Enrollees, 2006 through 2013

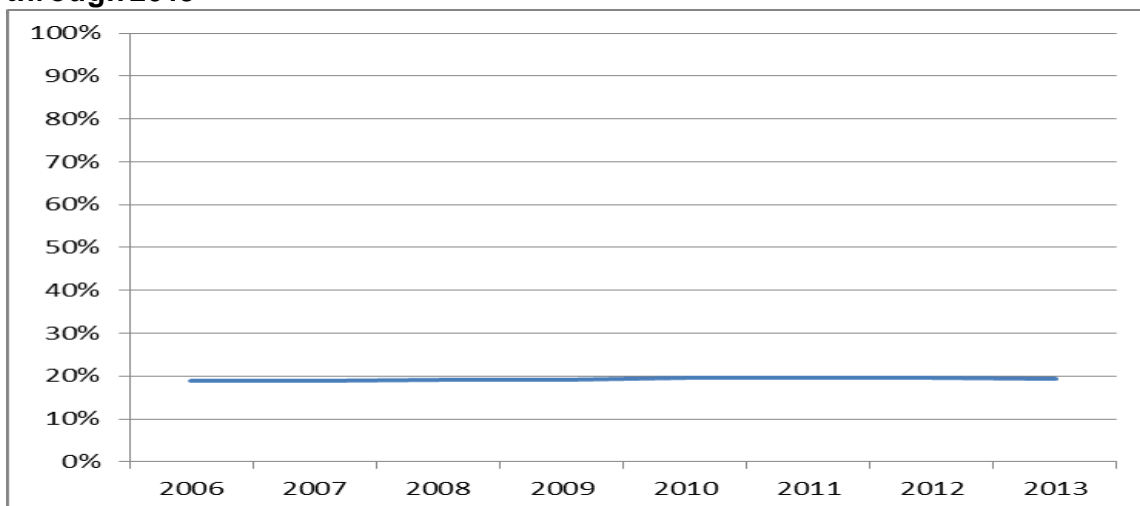


Figure 1.1c, below, shows that the proportion of Medicare-Medicaid dual enrollees that receive partial benefits (i.e., Medicaid assistance with Medicare cost-sharing, but no further Medicaid program eligibility) has been steadily increasing over time. Between 2006 and 2013, the proportion of total Medicare-Medicaid enrollees that receive only partial benefits has increased sharply from 21% to 28%.

Figure 1.1c: Percent of Full Benefit vs. Partial Benefit Medicare-Medicaid Enrollees, 2006 through 2013

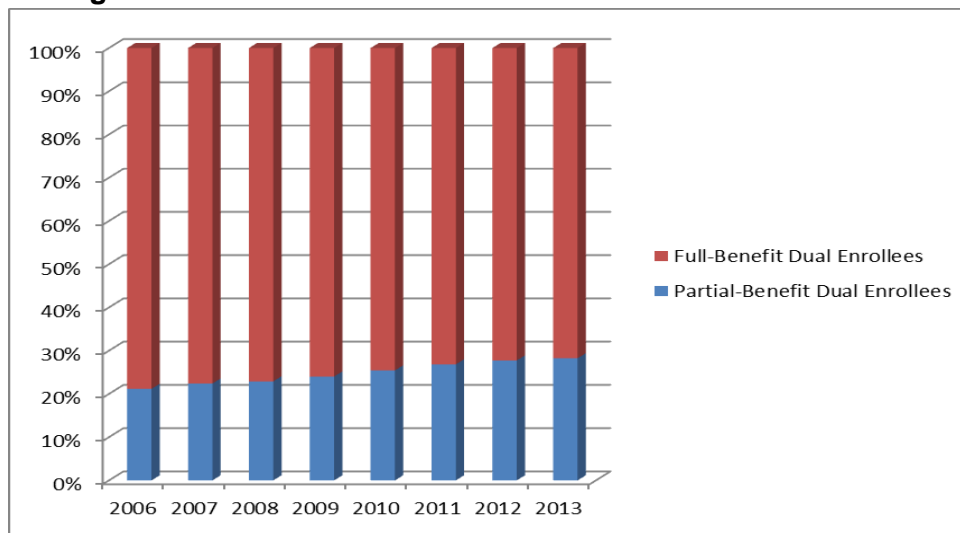


Figure 2.1, below, shows a very slight shift in the age between 2006 and 2013. Generally, while age brackets 21-44 and 45-54 have remained constant at about 13% each, the 55-64 bracket has increased from 12% in 2006 to 15% in 2013, while age brackets 74-85 and 85+ have declined two to three percentage points each, landing at 19% and 12% respectively.

Figure 2.1: Percent of All Medicare-Medicaid Enrollees by Age Group, 2006 through 2013

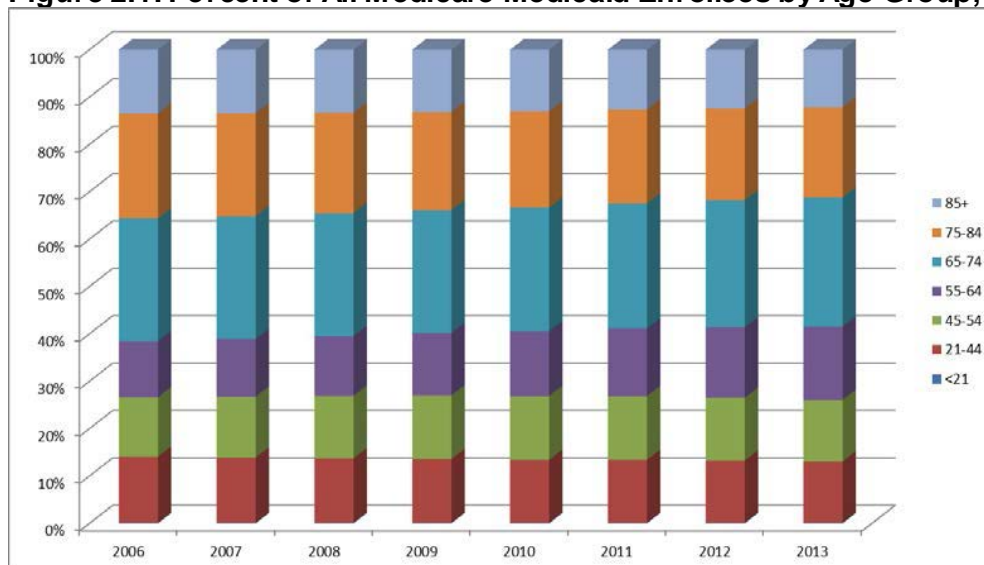
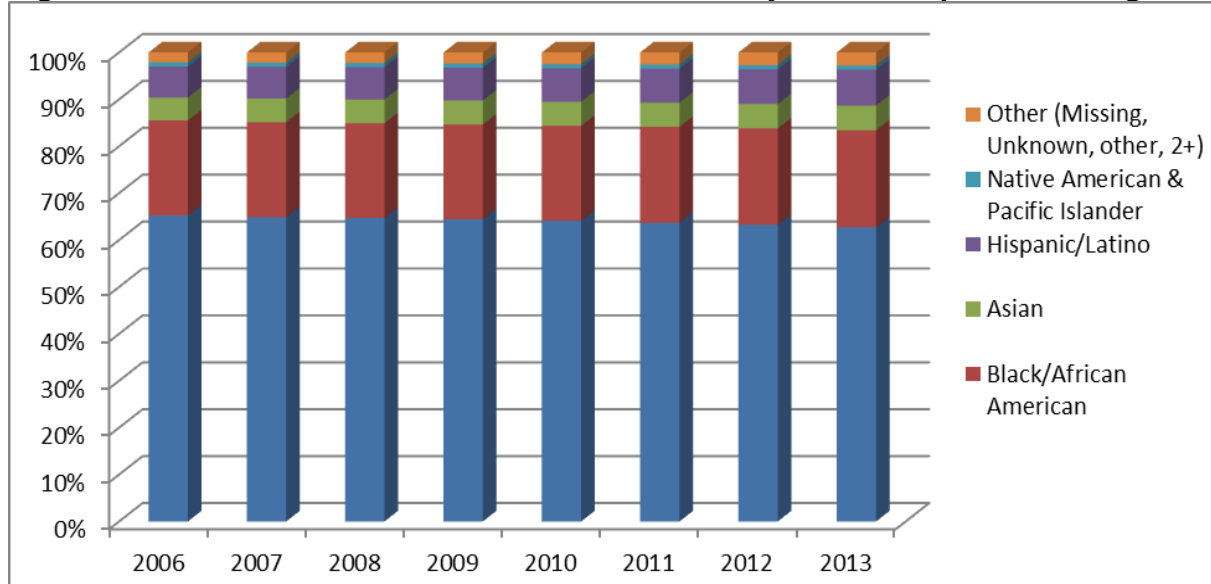


Figure 2.2a, below, shows a very slight shift in the racial composition of Medicare-Medicaid enrollees between 2006 and 2013 in that the proportion of African American and Hispanic/Latino beneficiaries climbed by about one percentage point, landing at 21% and 8% respectively, while the White population declined two points, landing at 63%.

Figure 2.2a: Percent of Medicare-Medicaid Enrollees by Race Group, 2006 through 2013



Among Medicare-only enrollees, Figure 2.2b, below, shows a much different composition by race than that of the Medicare-Medicaid enrollees, with a much larger majority being White (in 2013, 86% versus the 63% of Figure 2.2a). Changes over time reflect those in Figure 2.2a.

Figure 2.2b: Percent of Medicare-only Enrollees by Race Group, 2006 through 2013

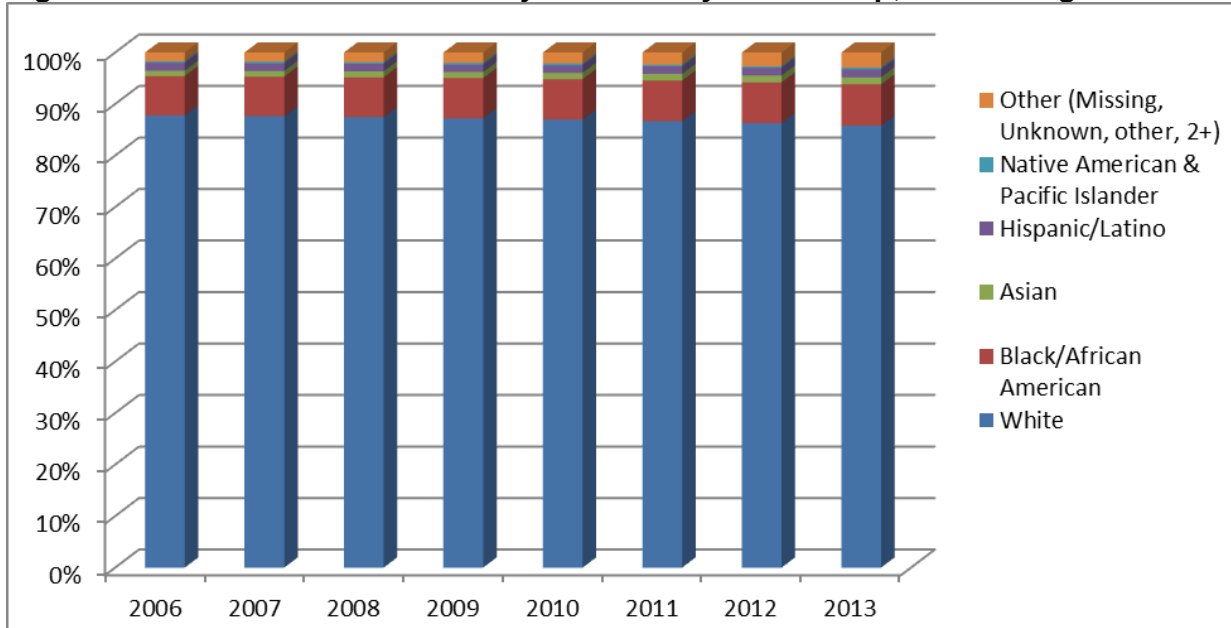


Figure 2.4, below, shows that the gender composition of Medicare-Medicaid enrollees and Medicare-only enrollees changed only nominally between 2006 and 2013. Medicare-Medicaid enrollees are 61% female as of 2013, down from 62% in 2006, while the female percentage of Medicare-only enrollees declined from 54% to 53% over the same time period.

Figure 2.3: Females as a Proportion of Total Medicare-Medicaid Enrollees and Medicare-only Enrollees from, 2006 through 2013

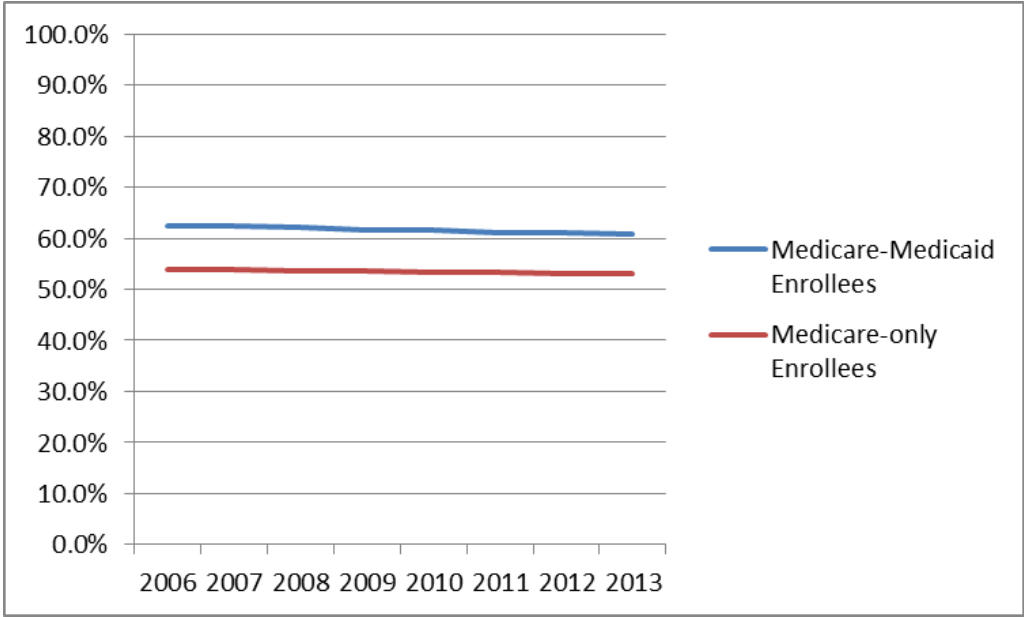


Figure 2.4, below, shows trends in the age composition of Medicare-Medicaid enrollees and Medicare-only enrollees between 2006 and 2013. The population of Medicare-Medicaid enrollees under-65 grew significantly, from 38% to 42% of the population, while the under-65 percentage of Medicare-only enrollees actually dropped slightly, from 12% to 11%.

Figure 2.4 Beneficiaries Under Age 65 as a Proportion of Total Medicare-Medicaid Enrollees and Medicare-only Enrollees, 2006 through 2013

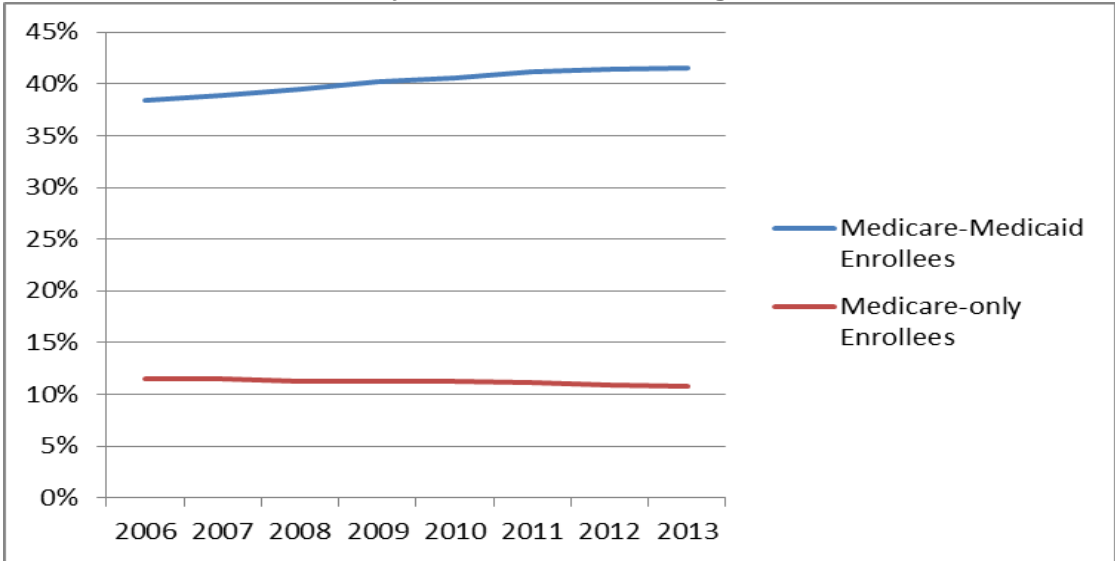


Figure 3, below, shows changes in the composition of the Medicare-Medicaid population by eligibility status. Partial-benefit eligibility groups account for a growing share of Medicare-Medicaid enrollees; for example, QMB-only beneficiaries, eligible for assistance with Medicare cost-sharing but not eligible for full Medicaid benefits, grew from 9.4% in 2006 to 13.3% in 2013.

Figure 3: Percent of Medicare-Medicaid Enrollees by Eligibility Status, 2006 through 2013

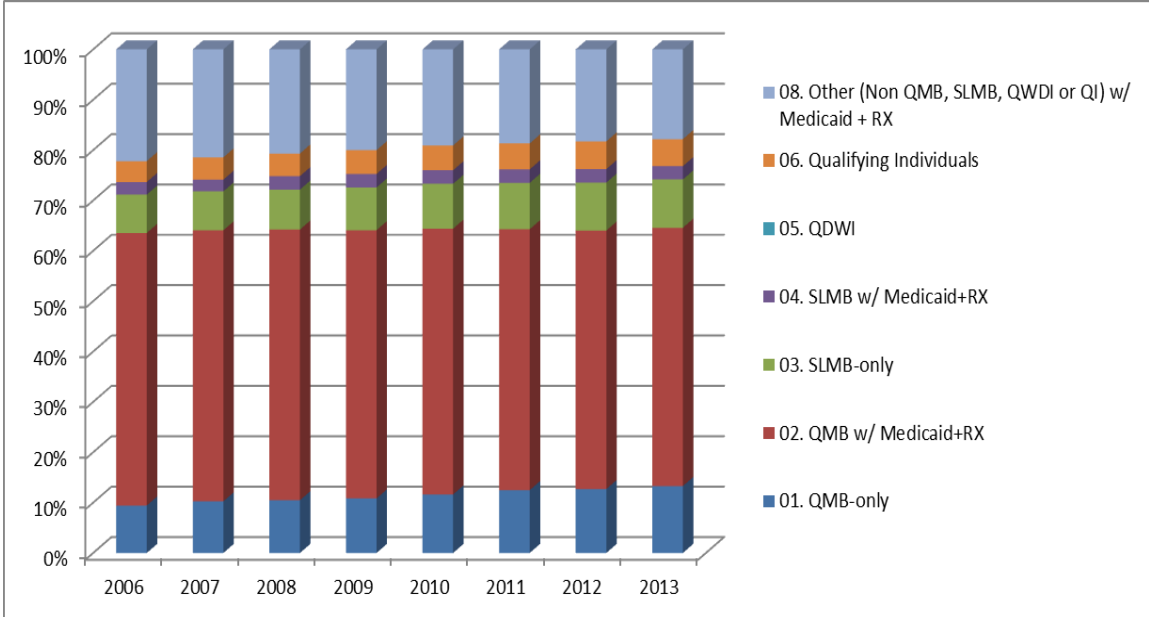


Figure 4, below, shows steady growth in managed care penetration among Medicare-Medicaid enrollees, growing from 9% in 2006 to 24% in 2013.

Figure 4: Percentage of Medicare-Medicaid Enrollees in Managed Care and FFS, 2006 through 2013

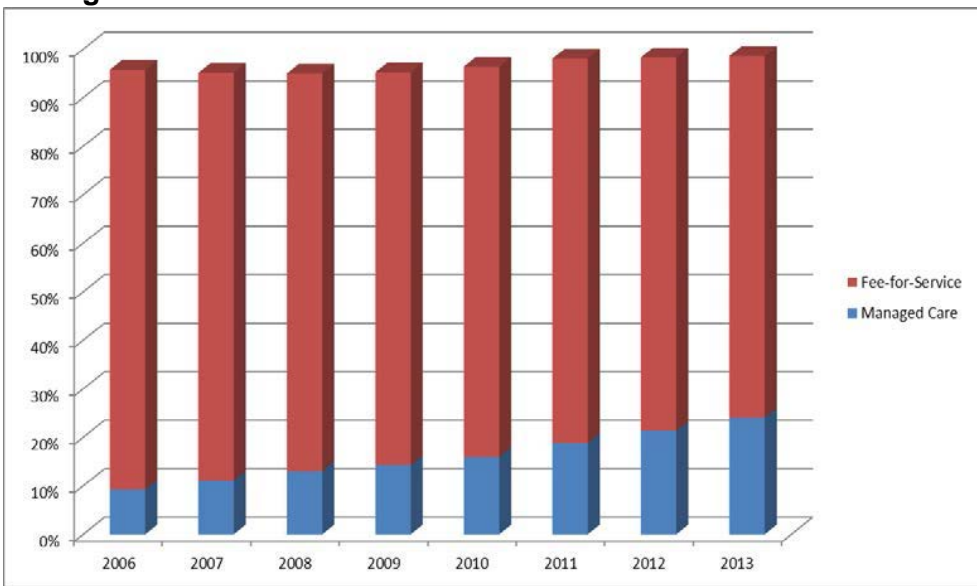


Figure 5, below, shows growth in the percentage of enrollees with a Medicare-qualifying disability (with or without ESRD). In 2013, 43% of Medicare-Medicaid enrollees were currently eligible for Medicare due to a disability, up from 38% in 2006. Among Medicare-only enrollees, the rates grew only slightly, from 11% to 12%, over the same period of time.

Figure 5: Percentage of Enrollees with a Current Medicare-qualifying Status as Disability (with or without accompanying ESRD), 2006 through 2013

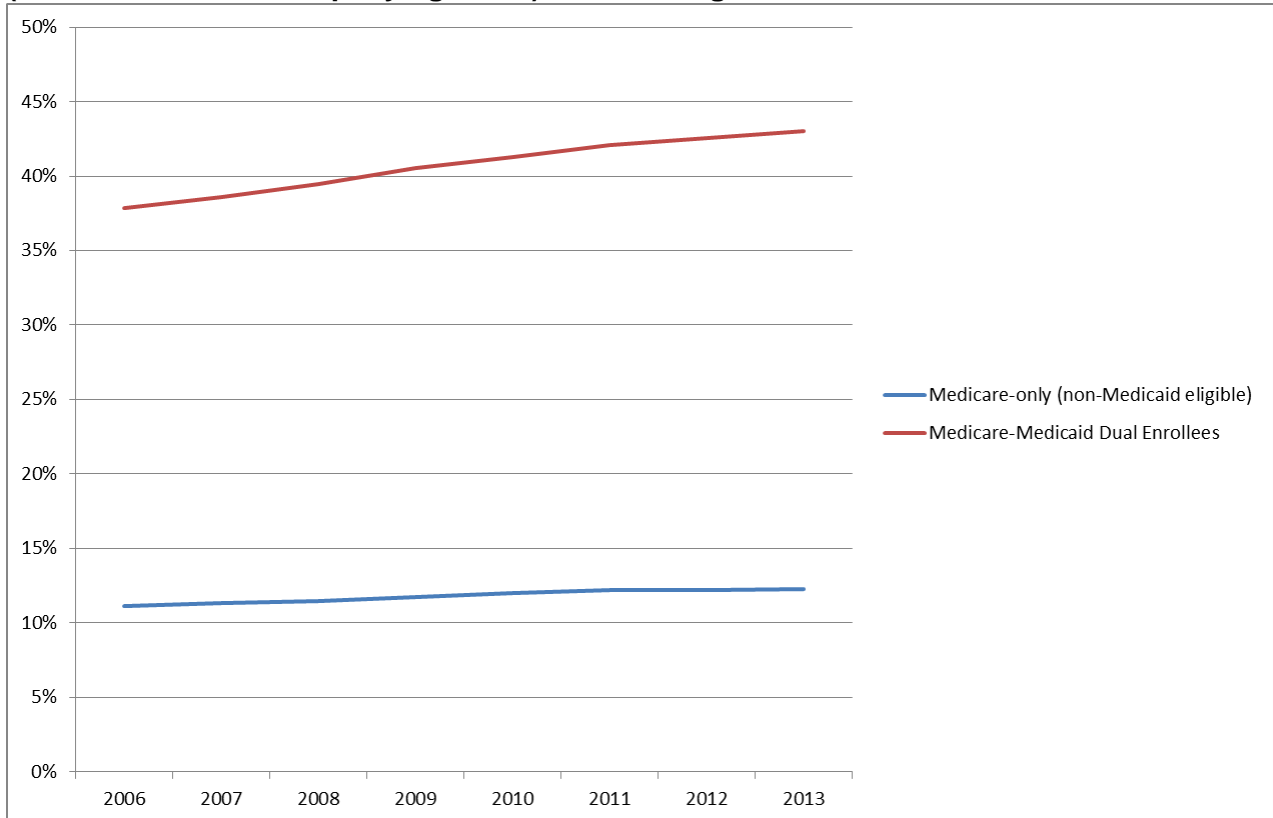


Table 1: Annual Enrollment Trends, by Enrollment Type, 2006 through 2013

Calendar Year	Total Number of Medicare Beneficiaries (Including Medicare-Medicaid Enrollees)	Total Number of Medicare-Only Beneficiaries (non-Medicaid Eligible)	Among all Medicare Enrollees, the Percent who are Medicare-Only (non-Medicaid Eligible)	Total Number of Medicare-Medicaid Enrollees	Among all Medicare Enrollees, the Percent who are Medicare-Medicaid Enrollees	Total Number of Full-Benefit Medicare-Medicaid Enrollees	Among all Medicare-Medicaid Enrollees, the Percent with Full Medicaid Benefits	Total Number of Partial-Benefit Medicare-Medicaid Enrollees	Among all Medicare-Medicaid Enrollees, the Percent Partial Benefit
2006	45,422,076	36,793,210	81.0%	8,628,866	19.0%	6,801,946	78.8%	1,826,920	21.2%
2007	46,518,858	37,678,638	81.0%	8,840,220	19.0%	6,859,324	77.6%	1,980,896	22.4%
2008	47,657,098	38,577,900	80.9%	9,079,198	19.1%	6,999,192	77.1%	2,080,006	22.9%
2009	48,682,497	39,360,046	80.9%	9,322,451	19.1%	7,082,941	76.0%	2,239,510	24.0%
2010	49,820,569	40,109,082	80.5%	9,711,487	19.5%	7,239,738	74.5%	2,471,749	25.5%
2011	51,554,273	41,397,093	80.3%	10,157,180	19.7%	7,430,240	73.2%	2,726,940	26.8%
2012	53,599,698	43,130,161	80.5%	10,469,537	19.5%	7,565,755	72.3%	2,903,782	27.7%
2013	55,266,817	44,561,850	80.6%	10,704,967	19.4%	7,680,848	71.8%	3,024,119	28.2%

Table 2: Annual Enrollment Trends, by Enrollment Type and Age Group, 2006 through 2013

Calendar Year	Age	Total Number of Medicare Beneficiaries (Including Medicare-Medicaid Enrollees)	Total Number of Medicare-Only Beneficiaries (non-Medicaid Eligible)	Among all Medicare Enrollees, the Percent who are Medicare-Only (non-Medicaid Eligible)	Total Number of Medicare-Medicaid Enrollees	Among all Medicare Enrollees, the Percent who are Medicare-Medicaid Enrollees	Total Number of Full-Benefit Medicare-Medicaid Enrollees	Among all Medicare-Medicaid Enrollees, the Percent with Full Medicaid Benefits	Total Number of Partial-Benefit Medicare-Medicaid Enrollees	Among all Medicare-Medicaid Enrollees, the Percent Partial Benefit
2006	<65	7,552,889	4,236,372	11.5%	3,316,517	38.40%	2,627,828	79.23%	688,689	20.77%
	≥65	37,869,187	32,556,838	88.5%	5,312,349	61.60%	4,174,118	78.57%	1,138,231	21.43%
2007	<65	7,782,863	4,339,946	11.5%	3,442,917	38.90%	2,685,038	77.99%	757,879	22.01%
	≥65	38,735,995	33,338,692	88.5%	5,397,303	61.10%	4,174,286	77.34%	1,223,017	22.66%
2008	<65	7,956,461	4,367,154	11.3%	3,589,307	39.50%	2,775,908	77.34%	813,399	22.66%
	≥65	39,700,637	34,210,746	88.7%	5,489,891	60.50%	4,223,284	76.93%	1,266,607	23.07%
2009	<65	8,163,532	4,419,680	11.2%	3,743,852	40.20%	2,839,240	75.84%	904,612	24.16%
	≥65	40,518,965	34,940,366	88.8%	5,578,599	59.80%	4,243,701	76.07%	1,334,898	23.93%
2010	<65	8,440,414	4,500,412	11.2%	3,940,002	40.60%	2,920,811	74.13%	1,019,191	25.87%
	≥65	41,380,155	35,608,670	88.8%	5,771,485	59.40%	4,318,927	74.83%	1,452,558	25.17%
2011	<65	8,819,438	4,637,311	11.2%	4,182,127	41.20%	3,037,123	72.62%	1,145,004	27.38%
	≥65	42,734,835	36,759,782	88.8%	5,975,053	58.80%	4,393,117	73.52%	1,581,936	26.48%
2012	<65	9,042,541	4,708,545	10.9%	4,333,995	41.40%	3,104,459	71.63%	1,229,537	28.37%
	≥65	44,557,157	38,421,616	89.1%	6,135,541	58.60%	4,461,296	72.71%	1,674,245	27.29%
2013	<65	9,243,222	4,795,451	10.8%	4,447,771	41.50%	3,156,654	70.97%	1,290,117	29.01%
	≥65	46,023,595	39,766,399	89.2%	6,257,196	58.50%	4,523,194	72.29%	1,734,002	27.71%

ATTACHMENT B

Defining Medicare-Medicaid Enrollees

This document provides the MMCO-recommended method of identifying Medicare-Medicaid enrollees 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 a monthly basis. While there are several other ways of identifying Medicare-Medicaid enrollees 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**⁸

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 enrollees. As required by the Medicare Modernization Act (MMA), States submit these data files to CMS on at least a 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 Enrollees Based on Benefits**

Medicare-Medicaid enrollees are typically classified according to the benefits that they are eligible to receive which vary by income and assets at any given point in time. The seven types of dual eligibility are described below⁹:

⁸The State MMA File definition of Medicare-Medicaid enrollee 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 enrollees 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 enrollees definition that has been provided in this document by limiting to certain dual status codes or other relevant criteria.

Dual Status Code "1". [*“Partial-benefit”*] *Qualified Medicare Beneficiaries without other Medicaid (QMB-only)* – These individuals are entitled to Medicare Part A, have income of 100% 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 "2". [*“Full-benefit”*] *Qualified Medicare Beneficiaries plus full Medicaid (QMB-Plus)* - These individuals are entitled to Medicare Part A, have income of 100% 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 "3". [*“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% FPL, but less than 120% 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 "4". [*“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% FPL, but less than 120% FPL and resources that do not in 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 "5". [*“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% 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 "6". [*“Partial-benefit”*] *Qualifying Individuals (QI)* - There is an annual cap on the amount of money available, which may limit the number of

⁹ 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).

individuals in the group. These individuals are entitled to Medicare Part A, have income of at least 120% FPL, but less than 135% 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 "8". [*“Full-benefit”*] *Other full benefit dual eligible / Medicaid Only Dual Eligibles (Non-QMB, -SLMB, -QDWI, -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 enrollees, 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 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 enrollees 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 enrollees = 1, 2, 3, 4, 5, 6, 8

b. Full-benefit & Partial-benefit

Partial-benefit = 1, 3, 5, 6

Full-benefit = 2, 4, 8

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

QMB-only = 1

Partial-benefit (non-QMB) = 3, 5, 6

Full-benefit = 2, 4, 8

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 enrollees with one or more months of any Full- or Partial-benefit dual eligibility (e.g., codes 1-8).

Step 2: Among all Medicare-Medicaid enrollees 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:

Step 2a: For those with a code 1-8 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 1-8 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 dual eligibility for only the month of January are classified as full/partial according to their status in January.