

**Data Analysis Brief:**  
**Medicare-Medicaid Dual Enrollment from 2006 through 2015**  
*Prepared by CMS Medicare-Medicaid Coordination Office*

December 2016

**Ten-Year Enrollment Trends: 2006-2015**

**BACKGROUND**

This report is an analysis of trends in Medicare-Medicaid dual enrollee population and demographic characteristics from 2006 through 2015. It can be found at <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>. This report is the third version of the original Data Analysis Brief originally issued in February 2013. With two additional calendar-years<sup>1</sup> of data (2014-2015), most of the trends identified in the first two reports have continued; for example, the ever-increasing proportion of all Medicare-Medicaid dual enrollees that are partial-benefit only (from 21.2 percent in 2006 to 28.2 percent in 2015) and the slight shift in the proportion of minority race/ethnicity populations from 35 percent of Medicare-Medicaid enrollees in 2006 to 38 percent in 2015). The one exception to the continuing trends was the percentage of enrollees with a Medicare-qualifying disability (with or without ESRD) among both Medicare-Medicaid dual enrollees and Medicare-only beneficiaries. Among Medicare-Medicaid enrollees, those with a Medicare-qualifying disability inched up steadily from 37.8 percent in 2006 to 42.7 percent in 2013, and then dropped to 40.6 percent in 2015.

This Data Analysis Brief examines the number of beneficiaries who were “ever-enrolled”<sup>2</sup> in both Medicare and Medicaid (i.e., Medicare-Medicaid enrollees, also known as dual eligible beneficiaries)<sup>3</sup> for one or more months over the course of each calendar year. *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.<sup>4</sup>

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

<sup>2</sup> Please see Attachment C, section 5 for definition of “ever-enrolled”.

<sup>3</sup> The term “Medicare-Medicaid enrollee” is synonymous with the term “Dual Eligible Beneficiary” used in prior reports.

<sup>4</sup> 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>.

## SUMMARY OF KEY FINDINGS

- *Total Population Continues to Grow:* Between 2006 and 2015, the total number of Medicare-Medicaid enrollees increased by 35 percent, from 8.5 million to **11.4 million**; in comparison, the number of Medicare-only beneficiaries grew by 26 percent, from 37.2 million to 47 million. Most of the growth among Medicare-Medicaid enrollees was attributable to partial-benefit Medicare-Medicaid enrollees; this group increased by 79 percent over these ten years.
- *Disability status and demographics vary between Medicare-Medicaid dual enrollees and Medicare-only beneficiaries:*
  - Current Disability Status: In 2015, **40.6 percent** of Medicare-Medicaid enrollees had disability as their current Medicare status (with or without accompanying ESRD), compared to only 7.9 percent of Medicare-only beneficiaries. This represents a gradually diverging trend among Medicare-Medicaid enrollees, from 2006, in which about 37.7 percent of Medicare-Medicaid enrollees and 11.1 percent of Medicare-only enrollees had disability as a current Medicare-qualification status (with or without concomitant ESRD).
  - Demographic Information: Compared to other Medicare beneficiaries, Medicare-Medicaid enrollees continue to be more likely to be younger, female, and of race/ethnic minority status.
- *The number of partial-benefit Medicare-Medicaid enrollees has increased significantly:* The number of partial-benefit<sup>5</sup> Medicare-Medicaid enrollees escalated 79 percent, from 1.8 million in 2006 to **3.2 million** in 2015. This rate is more than double the growth rate among full-benefit Medicare-Medicaid enrollees, which increased 23 percent, from 6.7 million in 2006 to **8.2 million** in 2015. Thus, while both full- and partial-benefit Medicare-Medicaid enrollees 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 and 28 percent of all Medicare-Medicaid dual enrollees in 2006 and 2015, respectively.<sup>6</sup>

## 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 2015, are

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<sup>5</sup> See Attachment C, sections 3-4, for definition of “Partial Benefit” Medicare-Medicaid enrollee.

<sup>6</sup> 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

presented by age, sex, race/ethnicity, 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 of the Medicare-Medicaid Enrollee and Medicare-only Enrollee 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 enrollees, grew from 45.6 million in 2006 to 58.3 million in 2015, a 28 percent increase.
  - The rate of increase has been greater among Medicare-Medicaid enrollees than Medicare-only beneficiaries. The number of Medicare-Medicaid enrollees grew from 8.5 million in 2006 to 11.4 million in 2015, a 35 percent increase.
  - For comparison, the number of Medicare-only enrollees grew from 37.2 million in 2006 to 47 million in 2015, a 26 percent increase.
- Overall, the proportion of Medicare enrollees who were dually eligible for Medicaid grew only slightly, from 18.5 percent in 2006 to 19.5 percent in 2015. This percentage peaked at 19.7 percent 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 79 percent between 2006 and 2015, from 1.8 million to 3.2 million, while the number of full-benefit Medicare-Medicaid enrollees grew by 23 percent, from 6.7 million to 8.2 million.
  - As a result of this shifting distribution, the percent of all Medicare-Medicaid enrollees that were partial-benefit increased noticeably from 21 percent to 28 percent between 2006 and 2015.
  - In 2015, half of all Medicare-Medicaid enrollees (50.2 percent) qualified as Qualified Medicare Beneficiaries eligible for full Medicaid benefits (listed as “QMB w/ Medicaid+RX” in the accompanying Excel tables), down from 54.4 percent in 2006.
  - In 2015, among partial-benefit Medicare-Medicaid dual enrollees, 47.7 percent were 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).
  - Specified Low-Income Medicare Beneficiaries without other Medicaid (SLMB-only) made up 32.8 percent of those with partial Medicaid benefits.

### 2. Trends in Disability Status and Demographic Subpopulation from 2006 through 2015

- The composition of Medicare-Medicaid enrollees by age, sex and race/ethnicity changed slightly between 2006 and 2015. (See Attachment A: Table 2 and Figures 2.1

– 2.3)

- *Age*: In 2015, 59 percent of Medicare-Medicaid enrollees are age 65 and older, compared to 62 percent in 2006.
- *Race/ethnicity*: In 2015, enrollees of a minority race/ethnicity<sup>7</sup> 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 comprised the majority (61.7 percent) of Medicare-Medicaid enrollees, down slightly from 65 percent in 2006. In 2015, about 21 percent of Medicare-Medicaid enrollees were Black/African American; 8 percent were Hispanic/Latino; 5.4 percent were Asian; and about 1 percent were Native American/Alaskan Native/Pacific Islander. Over the ten years, minority-race/ethnicity groups rose 49 percent, as compared to White population which rose 27 percent in the same time frame.
- *Gender*: In 2015, about 60.1 percent of the Medicare-Medicaid dual enrollees were female, compared to about 53 percent of Medicare-only (non-dual) beneficiaries being female. In 2006, women comprised 62.5 percent of Medicare-Medicaid enrollees and 54.1 percent of Medicare-only beneficiaries.
- A closer look at the change in Medicare-Medicaid dual-enrollment between 2006 and 2015 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.)
  - In 2015, 41 and 59 percent of all Medicare-Medicaid dual enrollees were under and over age 65, respectively. The growth rate was 46 percent among under 65 (from 3.2 to 4.7 million), and 28 percent among those over 65 (going from 5.2 to 6.7 million individuals).
  - The number of partial-benefit Medicare-Medicaid enrollees under the age of 65 nearly doubled in the ten years, from 0.7 million to 1.3 million. The growth rate among partial-benefit Medicare-Medicaid enrollees over the age of 65 was 67 percent, over the same time period, from 1.1 million to 1.9 million.
  - Full-benefit Medicare-Medicaid enrollees under the age of 65 have increased in number by 31 percent since 2006, from 2.5 million to 3.3 million. In contrast, full-benefit Medicare-Medicaid enrollees over the age of 65 have increased in number by only 18 percent, from 4.1 million to 4.8 million.
  - For comparison, the Medicare-only population growth among those under 65 was 11 percent (going from 4.1 to 4.6 million individuals) and among those over 65, the rate of change between 2006 and 2015 was 28 percent, going from 33.0 to 42.3 million individuals.
- Medicare-Medicaid enrollees are more likely than Medicare-only beneficiaries to have a Medicare-qualifying disability (See Attachment A: Figure 5)

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

- In 2015, 40.6 percent of Medicare-Medicaid enrollees were currently eligible for Medicare due to a disability (with or without ESRD), a higher share than in 2006 (38 percent).
- In comparison, only 7.9 percent of Medicare-only enrollees had a qualifying disability (with or without ESRD), down from 11.1 percent in 2006.

## **DATA SOURCES AND METHODOLOGY**

The CMS Chronic Condition Warehouse (CCW) was used in this analysis. The state-reported Medicare Modernization Act (MMA) File data within the CCW were used to identify Medicare-Medicaid dually eligible beneficiaries. 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, States submit these data files to CMS on an at-least monthly basis to report which of their Medicaid beneficiaries are dually eligible to receive Medicare, and their specific Medicare-Medicaid eligibility type. 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 and Medicare-only population counts between 2006 and 2015. The Medicare-Medicaid enrollee population increased steadily from 8,453,054 in 2006 to 11,398,298 in 2015, a 35 percent increase over the ten years. The total Medicare population increased from 45,618,319 to 58,384,372. Medicare-only non-dually eligible beneficiaries increased from 37,165,265 in 2006 to 46,986,074 in 2015, a 28 percent change.

**Figure 1.1a: Number of Medicare-Medicaid Enrollees and Medicare-only Enrollees, 2006 through 2015**

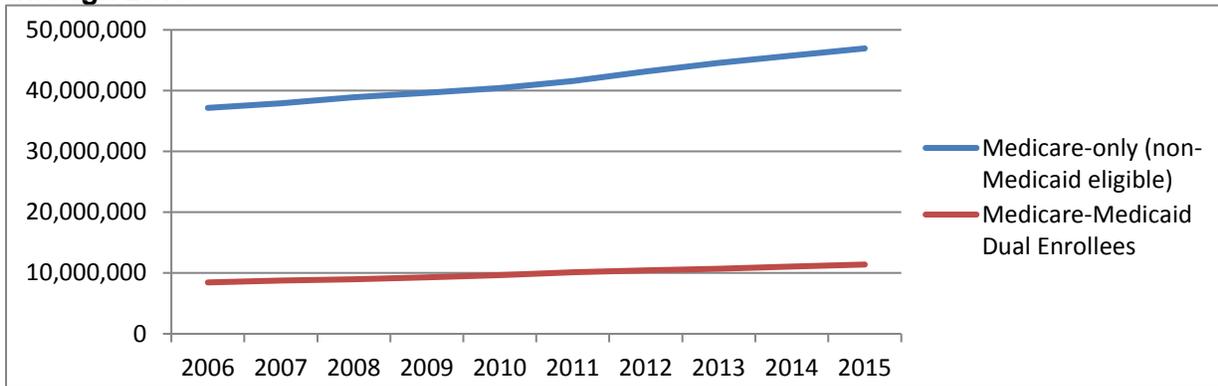


Figure 1.1b shows that the proportion of total Medicare enrollees comprised by Medicare-Medicaid enrollees crept up ever so slightly from 18.5 percent to 19.5 percent over this ten-year time period.

**Figure 1.1b: Medicare-Medicaid Enrollees as a Proportion of All Medicare Enrollees, 2006 through 2015**

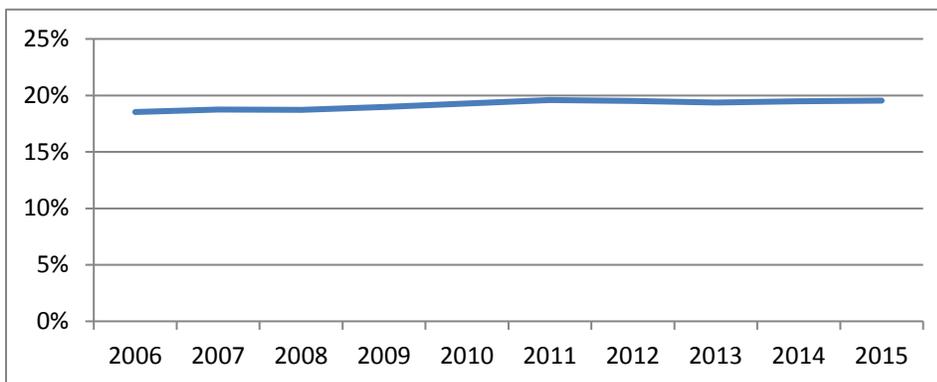


Figure 1.1c, below, shows that the proportion of Medicare-Medicaid dual enrollees that receive partial benefits (i.e., Medicaid assistance with Medicare cost-sharing, but no further Medicaid program eligibility) increased from 21 percent of all dually enrolled beneficiaries in 2006 to 28 percent in 2013, and has remained steady at 28 percent in 2014 and 2015. This equates to a growth rate of 79 percent over ten years. In contrast, the growth rate for full benefit Medicare-Medicaid dual enrollees was 23 percent over the same time period.

**Figure 1.1c: Percent of Full Benefit vs. Partial Benefit Medicare-Medicaid Enrollees, 2006 through 2015**

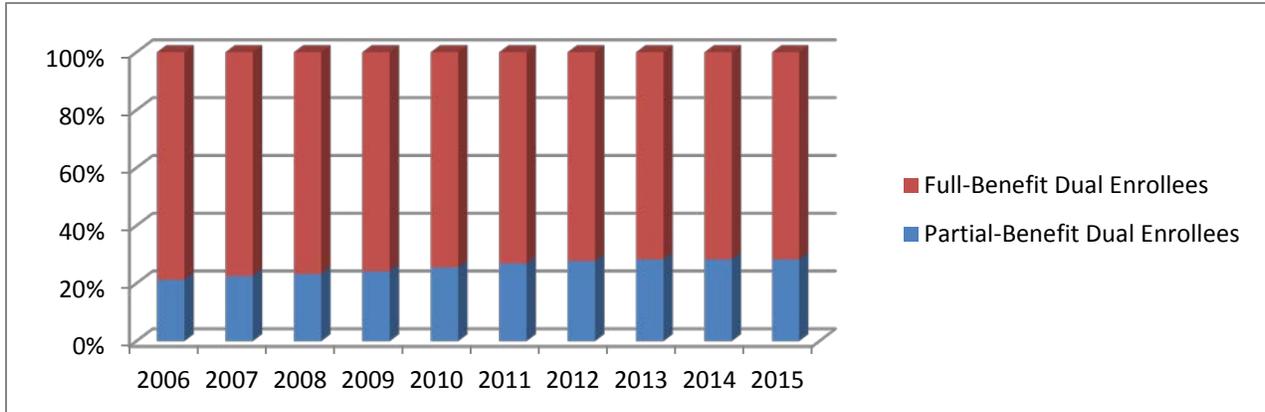


Figure 2.1, below, shows a very slight shift in the age distribution between 2006 and 2015. Generally, the proportion of all age groups declined slightly except for age brackets 55-64 and 65-74, which increased five and three percentage points, landing at 17 percent and 29 percent, respectively.

**Figure 2.1: Percent of All Medicare-Medicaid Enrollees by Age Group, 2006 through 2015**

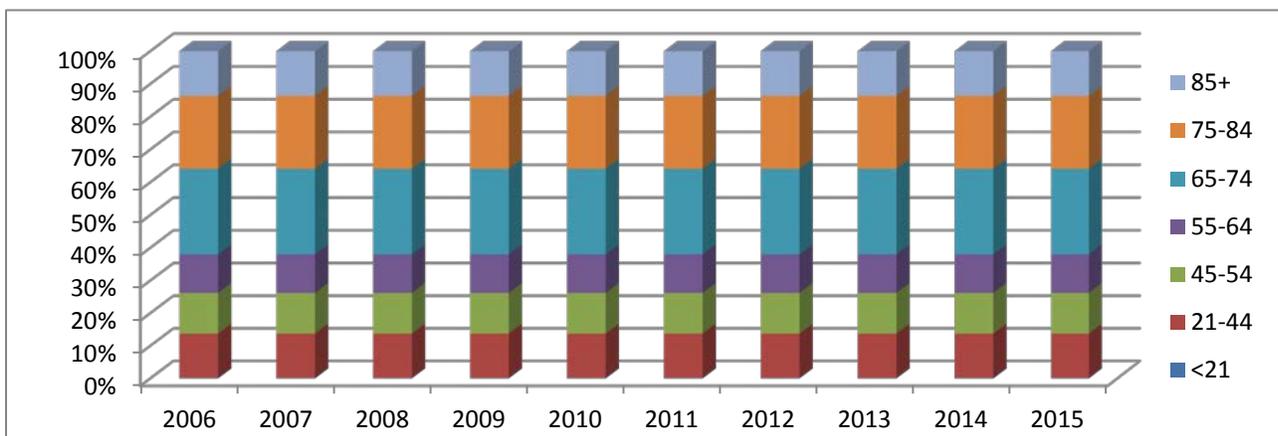
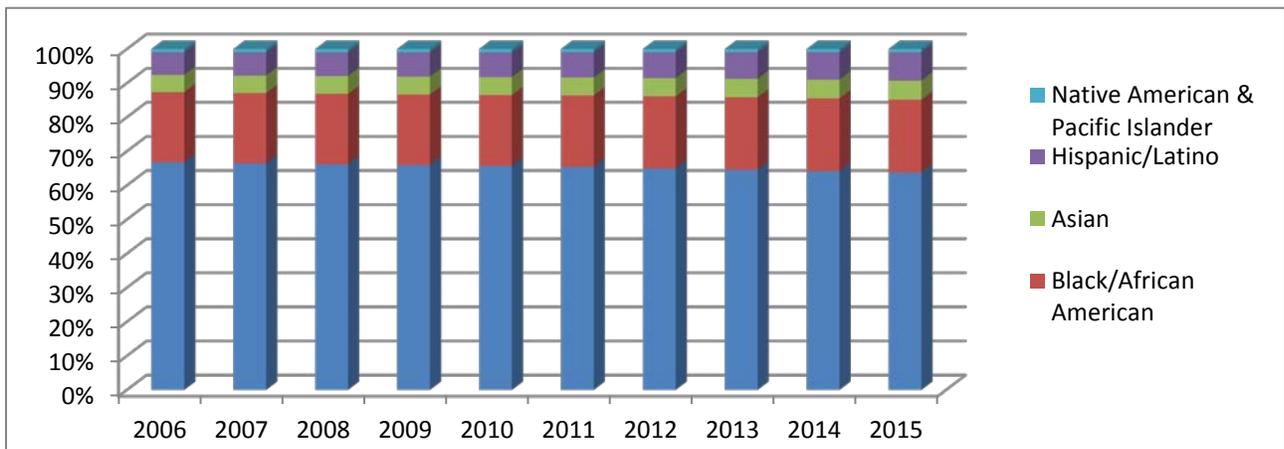


Figure 2.2a, below, shows a very slight shift in the race/ethnicity composition of Medicare-Medicaid enrollees between 2006 and 2015. The proportion of African American, Hispanic/Latino, and Asian beneficiaries nudged up slightly, landing at 20.7 percent, 8.1 percent, and 5.4 percent respectively, as the White population declined three points, landing at 61.7 percent.

**Figure 2.2a: Percent of Medicare-Medicaid Enrollees by Race/Ethnicity Group, 2006 through 2015**



Compared to the results displayed for Medicare-Medicaid dual enrollees (Figure 2.2a), Figure 2.2b, below, shows a much different composition by race/ethnicity for Medicare-only enrollees, with a much larger proportion being White (in 2015, 85 percent versus the 61.7 percent of Figure 2.2a).

**Figure 2.2b: Percent of Medicare-only Enrollees by Race/Ethnicity Group, 2006 through 2015**

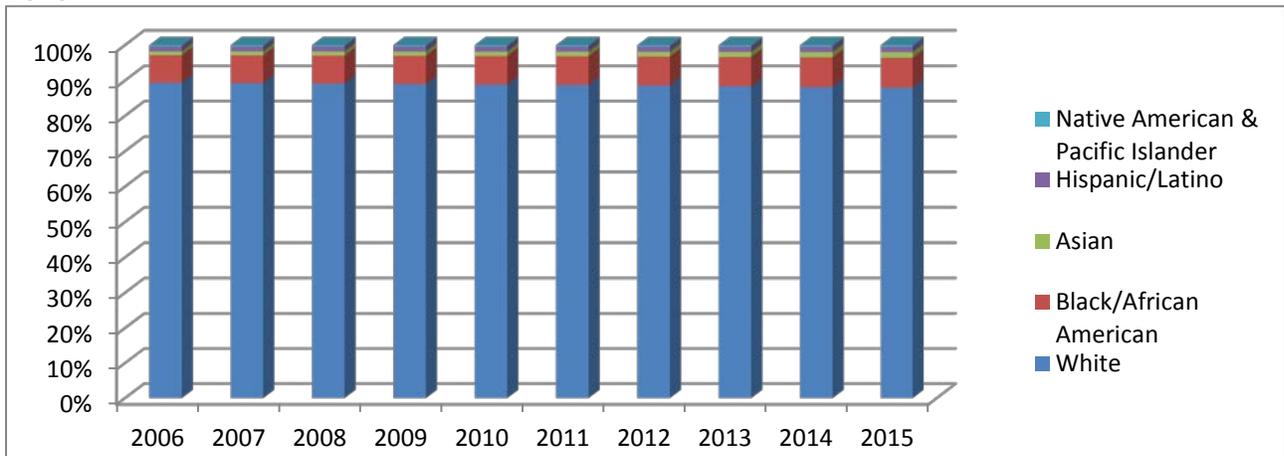


Figure 2.4 shows a slightly shifting gender composition among both Medicare-Medicaid enrollees and Medicare-only enrollees between 2006 and 2015. Among Medicare-Medicaid enrollees, females lost about two percentage points, to land at 60.1 percent in 2015. Among Medicare-only enrollees, females only declined by one percentage point, landing at 53 percent in 2015.

**Figure 2.3: Females as a Proportion of Total Medicare-Medicaid Enrollees and Medicare-only Enrollees from, 2006 through 2015**

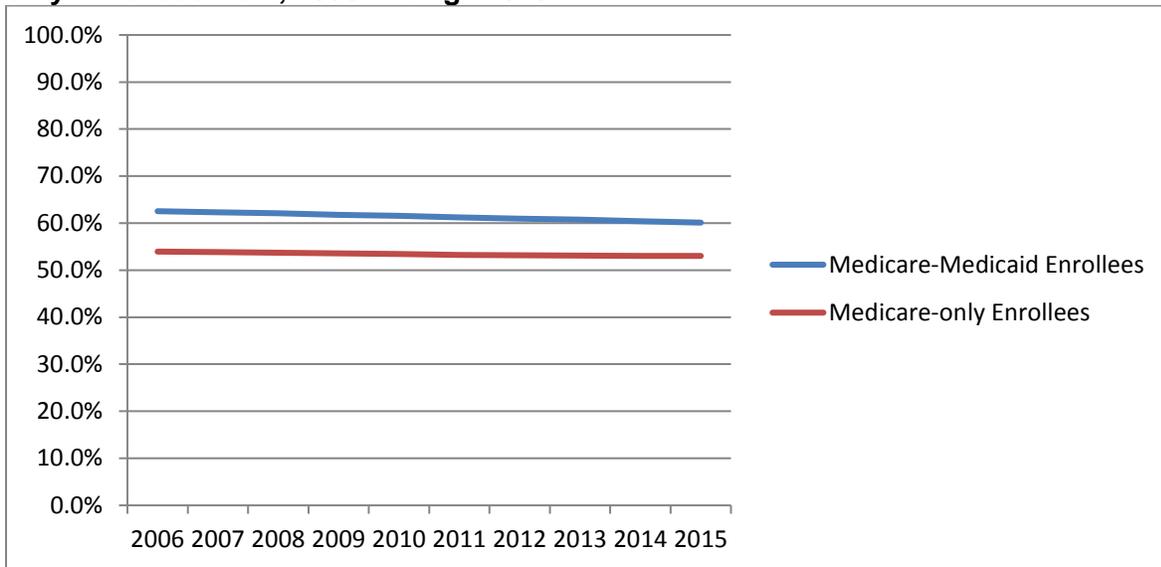


Figure 2.4, below, shows trends in the age composition of Medicare-Medicaid enrollees between 2006 and 2015. The population of Medicare-Medicaid enrollees under 65 grew slightly, from 38 percent to 41 percent of the population, while the under-65 percentage of Medicare-only enrollees dropped slightly, from 11.2 percent to 10 percent.

**Figure 2.4 Medicare-Medicaid Enrollees by Age, 2006 through 2015**

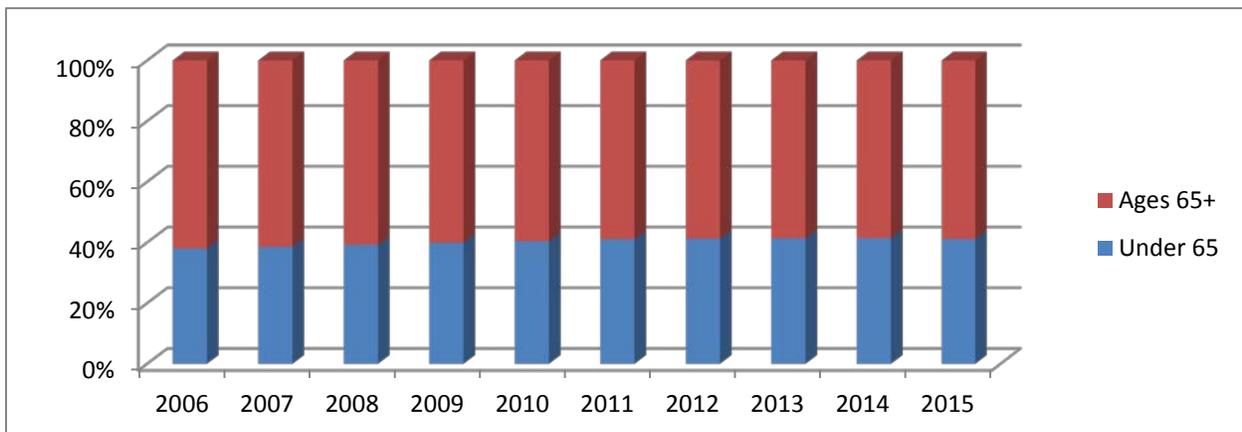


Figure 3, below, shows in the composition of the Medicare-Medicaid population by eligibility status from 2006 through 2015. Partial-benefit eligibility groups, including QMB-only, account for a growing share of Medicare-Medicaid enrollees, accounting for 21.2 percent of all duals in 2006 and 28.2 percent of all duals in 2015. QMB-only beneficiaries grew from 9.5 percent of all Medicare-Medicaid enrollees in 2006 to 13.5 percent of all Medicare-Medicaid enrollees in 2015.

**Figure 3: Percent of Medicare-Medicaid Enrollees by Eligibility Status, 2006 through 2015**

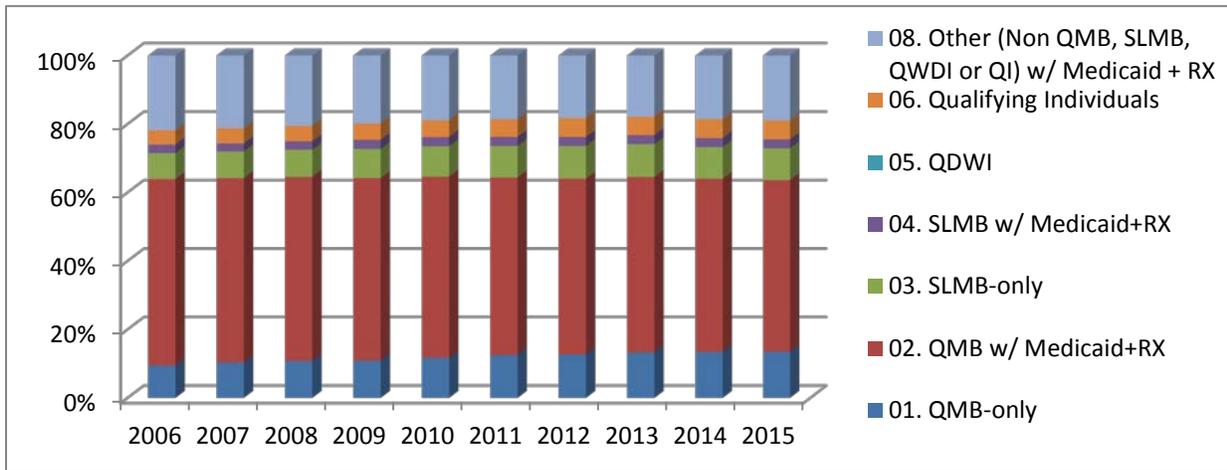
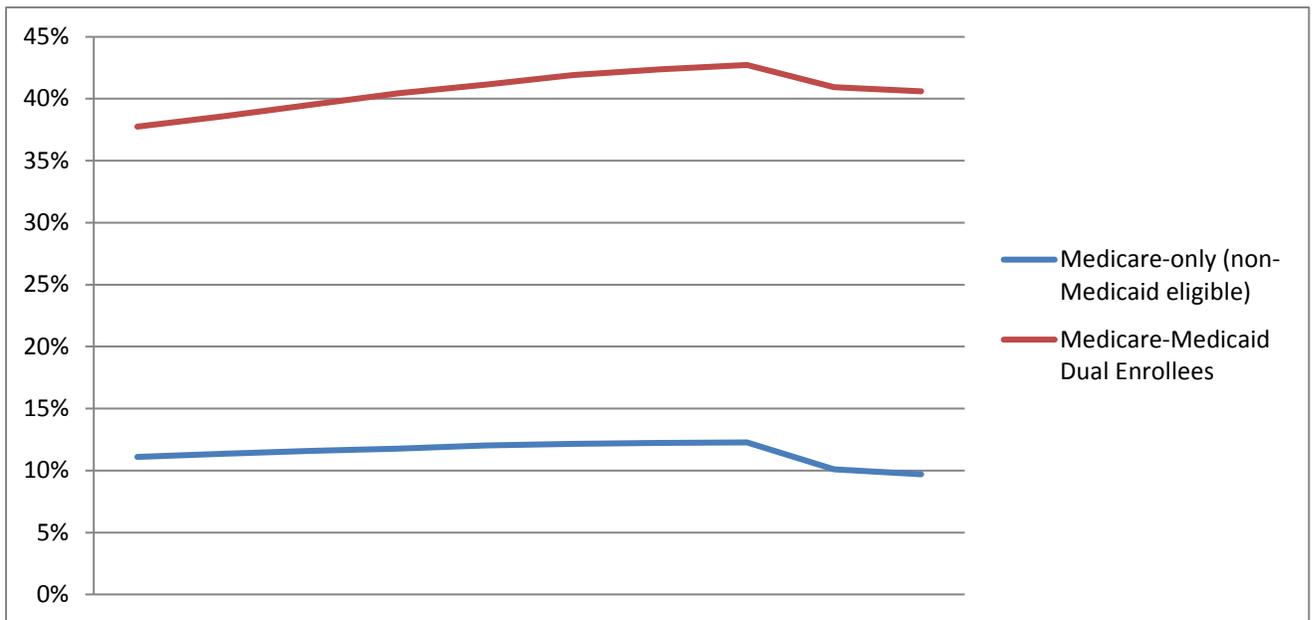


Figure 5, below, shows change in the percentage of enrollees with a Medicare-qualifying disability (with or without ESRD). In 2015, 40.6 percent of Medicare-Medicaid enrollees and 7.9 percent of Medicare-only enrollees were currently eligible for Medicare due to a disability. Among Medicare-Medicaid enrollees, those with a Medicare-qualifying disability climbed steadily from 37.8 percent in 2006 to 42.7 percent in 2013, and then fell to 40.6 percent in 2015. Among Medicare-only enrollees, those with a Medicare-qualifying disability climbed steadily from 11.1 percent in 2006 to 12.3 percent in 2013, and then fell to 9.7 percent in 2015.

**Figure 5: Percentage of Enrollees with a Current Medicare-qualifying Status as Disability (with or without accompanying ESRD), 2006 through 2015**



**Table 1: Annual Enrollment Trends, by Enrollment Type, 2006 through 2015**

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	45,618,319	37,165,265	81.47 percent	8,453,054	18.53 percent	6,658,403	78.77 percent	1,794,651	21.23 percent
2007	46,694,634	37,943,546	81.26 percent	8,751,088	18.74 percent	6,778,155	77.45 percent	1,972,933	22.55 percent
2008	47,850,407	38,888,901	81.27 percent	8,961,506	18.73 percent	6,879,567	76.77 percent	2,081,939	23.23 percent
2009	48,922,752	39,644,673	81.04 percent	9,278,079	18.96 percent	7,038,457	75.86 percent	2,239,622	24.14 percent
2010	50,088,835	40,429,935	80.72 percent	9,658,900	19.28 percent	7,193,059	74.47 percent	2,465,841	25.53 percent
2011	51,717,215	41,586,053	80.41 percent	10,131,16	19.59 percent	7,407,922	73.12 percent	2,723,240	26.88 percent
2012	53,597,139	43,143,938	80.50 percent	10,453,20	19.50 percent	7,552,108	72.25 percent	2,901,093	27.75 percent
2013	55,277,395	44,570,397	80.63 percent	10,706,99	19.37 percent	7,683,021	71.76 percent	3,023,977	28.24 percent
2014	56,867,556	45,788,000	80.52 percent	11,079,55	19.48 percent	7,949,557	71.75 percent	3,129,999	28.25 percent
2015	58,349,059	46,950,767	80.47 percent	11,398,29	19.53 percent	8,178,700	71.75 percent	3,219,592	28.25 percent

## 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**<sup>8</sup>

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 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 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

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<sup>8</sup> The 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.

time. The seven types of dual eligibility are described below<sup>9</sup>:

**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 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 "2".** *["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 "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 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 "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 percent FPL, but less than 120 percent 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 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 "6".** *["Partial-benefit"] Qualifying Individuals (QI)* - There

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<sup>9</sup> 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).

is an annual cap on the amount of money available, which may limit the number of individuals 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 "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.