

Defining Medicare-Medicaid Dually Enrolled Beneficiaries in CMS Administrative Data March 2021

This document provides MMCO's 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. There are several other ways of identifying dually eligible beneficiaries in practice (e.g., the Transformed Medicaid Statistical Information System (T-MSIS) and data from T-MSIS Analytic Files (TAF), 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. However, the State MMA File is considered 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 Eligibility¹

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

3. Types of Medicare-Medicaid Beneficiaries Based on Benefits

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

¹ 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 that, 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.

types of Medicare-Medicaid dual eligibility are described below.^{2,3}

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.⁴

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.⁵

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

² 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).

³ The income and asset limits for the Medicare Savings Plans (MSPs) are released annually by 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.

⁴ 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.

⁵ 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 does not cover, Medicaid may cover the service and pay the amount specified in the State Plan.

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 and Partial-benefit

Partial-benefit = 01, 03, 05, 06

Full-benefit = 02, 04, 08

c. Full-benefit, Partial-benefit and 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. 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.