

Dual Eligibility Categories

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People who are entitled to both Medicare and Medicaid, also known as dually eligible individuals, fall into several eligibility groups. These individuals may either be enrolled first in Medicare and then qualify for Medicaid or vice versa. This document describes the types of coverage that dually eligible individuals have and their corresponding dual eligibility category codes.

Overview of Medicare and Medicaid Coverage

Dually eligible individuals are enrolled in:

1. [Medicare](#):
 - [Part A \(Hospital Insurance\)](#); and/or
 - [Part B \(Supplemental Medical Insurance\)](#). AND
2. [Medicaid](#):
 - Full-benefit Medicaid; and/or
 - A [Medicare Savings Program \(MSP\)](#) eligibility group. To qualify for an MSP, an individual must:
 - Meet income and asset guidelines; and
 - Meet one of the following conditions:
 - Be entitled to Part A; or
 - For those without Part A who meet Qualified Medicare Beneficiary (QMB) eligibility guidelines, depending on the state have:
 - Part B only; or
 - Part B and conditional Part A

Income and asset guidelines vary by state, and some states do not count assets when determining MSP eligibility. If an individual does not have Part A but meets QMB eligibility guidelines, the state may have a process to allow an individual to obtain Part A and QMB coverage simultaneously. Many states allow this throughout the year while others limit when you can enroll in Part A.

Medicare is health insurance for people age 65 or older, certain people under age 65 with disabilities and entitled to Social Security disability or Railroad Retirement Board (RRB) benefits for 24 months (CMS waives the 24-month waiting period for people with amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease), and people of any age with End Stage Renal Disease (ESRD). Medicare pays primary to Medicaid for Medicare-covered services provided to dually eligible individuals, and Medicare coverage has four parts:

- [Part A \(Hospital Insurance\)](#) — Hospital Insurance includes an inpatient hospital, inpatient skilled nursing facility (SNF), hospice, and some home health services.
- [Part B \(Supplemental Medical Insurance\)](#) — Medical Insurance includes physician services, outpatient care, durable medical equipment (DME), lab and X-ray services, home health services, and many preventive services.
- [Part C \(Medicare Advantage \(MA\)\)](#) — Medicare-approved private insurance companies provide all Part A and Part B services and may provide prescription drug coverage and

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other supplemental benefits (for example, Health Maintenance Organizations (HMOs) or Preferred Provider Organizations (PPOs)).

- [Part D \(Prescription Drug Benefit\)](#) — Medicare-approved private insurance companies provide prescription drug coverage.

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This section summarizes the dual eligibility categories for dually eligible individuals, including eligibility thresholds and each category's coverage for Medicare Parts A and B premiums and cost-sharing. Dual eligibility codes are numerical codes corresponding with each of the dual eligibility categories, and they are included in parentheses after each dual eligibility category name below. Each dual eligibility category is mutually exclusive. Individuals in dual eligibility categories that have full Medicaid benefits (in addition to Medicare coverage) are sometimes referred to as “full-benefit dually eligible individuals,” while those in dual eligibility categories that do not include full-benefit Medicaid coverage are sometimes referred to as “partial-benefit dually eligible individuals.” These categories apply to all dually eligible individuals, whether they are enrolled in Original Medicare (also called Fee-for-Service Medicare) or Medicare Advantage (MA).

- **Qualified Medicare Beneficiaries (QMBs) without other Medicaid (also known as “QMB-Only” (code 01))** are entitled to Medicare Part A, have income up to 100 percent of the federal poverty level (FPL) and resources that do not exceed three times the limit for supplementary security income (SSI) eligibility with adjustments for inflation and are not otherwise eligible for full-benefit Medicaid coverage. Medicaid pays their Medicare Part A premiums, if any, and Medicare Part B premiums. Medicare providers may not bill QMBs for Medicare Parts A and B cost-sharing amounts, including deductibles, coinsurance, and copays.¹ 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. Individuals in the limited Part B Immunosuppressive Drug (Part B-ID) benefit may also qualify for the QMB eligibility group with coverage limited to the Part B-ID premium and/or cost-sharing, a status known as QMB-Part B-ID.
- **QMBs with full-benefit Medicaid (also known as “QMB Plus” (code 02))** meet the QMB-related eligibility requirements described above and the eligibility requirements for a separate categorical Medicaid eligibility group covered under the state plan. In addition to the coverage for Medicare premiums and Medicare cost-sharing described above, QMB-plus individuals receive the full range of Medicaid benefits applicable to the separate eligibility group for which they qualify. Medicaid pays their Medicare Part A premiums, if any, and Medicare Part B premiums. Medicare providers may not bill QMBs for Medicare Parts A and B cost-sharing amounts, including deductibles, coinsurance, and copays.² Providers can bill Medicaid programs for these amounts, but states have the option to reduce or eliminate the state's Medicare cost-sharing payments

¹ However, states may charge QMBs a nominal Medicaid copay for services that Medicare and Medicaid cover in accordance with section 1916(a) of the Social Security Act (SSA).

² However, states may charge QMBs a nominal Medicaid copay for services that Medicare and Medicaid cover in accordance with section 1916(a) of the SSA.

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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.

- **Specified Low-Income Medicare Beneficiaries (SLMBs) without other Medicaid (also known as “SLMB Only” (code 03))** are entitled to Part A and have income between 100 and 120 percent of the FPL, and resources that do not exceed three times the limit for supplementary security income (SSI) eligibility with adjustments for inflation. Medicaid pays only the Medicare Part B premiums for this group. Individuals in the limited Part B-ID benefit may also qualify for the SLMB eligibility group with coverage limited to Part B-ID premium, a status known as SLMB-Part B-ID.
- **SLMBs with full-benefit Medicaid (also known as “SLMB-Plus” (code 04))** meet the SLMB-related eligibility requirements described above and the eligibility requirements for a separate categorical Medicaid eligibility group covered under the state plan. In addition to coverage for Medicare Part B premiums, these individuals receive full-benefit Medicaid coverage (i.e., the package of benefits provided to the separate Medicaid eligibility group for which they qualify). For Medicaid-covered services (i.e., services furnished by a Medicaid provider and that either: (1) Medicare and Medicaid, or (2) Medicaid, but not Medicare, cover), an SLMB-Plus beneficiary pays no more than a nominal Medicaid copay² (if applicable).
- **Qualified Disabled and Working Individuals (also known as “QDWIs” (code 05))** became eligible for premium-free Part A by virtue of qualifying for Social Security Disability Insurance (SSDI) benefits, but lost those benefits, and subsequently premium-free Medicare Part A, after returning to work. QDWIs have income that does not exceed 200 percent of the FPL, have resources that do not exceed two times the SSI resource standard and are not otherwise eligible for Medicaid. Medicaid pays the Medicare Part A premiums only.
- **Qualifying Individuals (also known as “QIs” (code 06))** are entitled to Part A and have income of at least 120 but less than 135 percent of the FPL, resources that do not exceed three times the limit for SSI eligibility with adjustments for inflation and are not eligible for any other eligibility group under the state plan. QIs receive coverage for their Medicare Part B premiums, to the extent their state Medicaid programs have available slots. The federal government makes annual allotments to states to fund the Part B premiums. Individuals in the limited Part B-ID benefit may also qualify for the QI eligibility group with coverage limited to the Part B-ID premium, a status known as QI-Part B-ID.

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- **Other Full Benefit Dually Eligible (code 08)-** These individuals are entitled to Medicare Part A and/or entitled to Part B, and qualify for full Medicaid benefits, but not the QMB or SLMB groups. Full- benefit Medicaid coverage refers to the package of services, beyond coverage for Medicare premiums and cost-sharing, that certain individuals are entitled to under 42 CFR 440.210 and 440.330. For Medicaid-covered services (i.e., services furnished by a Medicaid provider and that either: (1) Medicare and Medicaid, or (2) Medicaid, but not Medicare, cover), a full-benefit Medicaid beneficiary pays no more than the Medicaid coinsurance³ (if applicable). For Medicare- only covered services (i.e., services covered by Medicare, but not Medicaid), these individuals pay the Medicare cost-sharing unless the state chooses to cover Medicare cost-sharing for all Medicare-covered services for this eligibility group.

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States submit dual eligibility status codes to CMS. The current source for dual eligibility status codes is the State Medicare Modernization Act file, also called the "MMA File" (after the Medicare Prescription Drug Improvement and Modernization Act of 2003), sometimes referred to as the "State Phased-Down File. For information on how states code and exchange dual eligibility categories information with CMS, for dually eligible individuals in their state, refer to section 4, Submitting State Data for Medicare Modernization Act, in the [Medicare Advantage Prescription Drug State User Guide](#).

Please direct any questions to the Medicare-Medicaid Coordination office (MMCO) at MMA_MMCO@cms.hhs.gov.

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Table 1—Eligibility Categories and Assistance with Medicare Parts A/B Costs summarizes this information, including a column that indicates which categories reflect full Medicaid benefits. Federal law defines Medicaid and MSP income and resource standards, but states can raise those limits above the federal floor using disregards (except for QDWIs). We update dual eligible beneficiary standards annually. Federal income limits are higher for Alaska and Hawaii. This table shows the federal income and asset floors.

Table 1 - Eligibility Categories and Assistance with Medicare Part A and Part B Costs Category

Dual Eligibility Category (codes)	Monthly Income as of 2025 ¹	Assets as of 2025	Covers Part A Premium (when applicable)	Covers Part B Premium	Covers Parts A & B Cost Sharing	Full Medicaid Coverage
QMB only³ (01)	Individual: \$1,325 Married Couple: \$1,783	Individual: \$9,660 Married Couple: \$14,470	X	X	X ²	
QMB plus (02)	Individual: \$1,325 Married Couple: \$1,783	Individual: \$9,660 Married Couple: \$14,470	X	X	X ²	X
SLMB only³ (03)	Individual: \$1,585 Married Couple: \$2,135	Individual: \$9,660 Married Couple: \$14,470		X		

¹ The income limits for the MSPs include a standard disregard of \$20 and for QDWI, earned income disregards.

² Dually eligible individuals enrolled in the QMB group do not pay Medicare deductibles, coinsurance, or copays but may have a small Medicaid copay for certain Medicaid-covered services. For information on QMB billing protections and provider responsibilities, see Prohibition on Billing Qualified Medicare Beneficiaries at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf> and Beneficiaries Dually Eligible for Medicare and Medicaid at <https://www.cms.gov/files/document/beneficiaries-dually-eligible-medicare-medicaid.pdf>.

³ Individuals in the limited Part B Immunosuppressive Drug (Part B-ID) benefit may also qualify for the QMB, SLMB, or QI eligibility groups with coverage limited to the Part B-ID premium and/or cost-sharing, statuses known as QMB-Part B-ID, SLMB-Part B-ID, or QI-Part B-ID. The Part B-ID benefit solely covers immunosuppressive drugs and no other Medicare items, services, or prescription drugs. Individuals are charged a monthly premium for Part B-ID through direct billing by CMS.

⁴ Beneficiary pays no more than the amount allowed by the state plan for services covered by both Medicare and Medicaid. Also, all Medicare providers (regardless of Medicaid participation) must accept the Medicare-allowed amount (“Medicare assignment”) as payment in full for Part B services furnished to dually eligible beneficiaries.

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SLMB plus (04)	Individual: \$1,585 Married Couple: \$2,135	Individual: \$9,660 Married Couple: \$14,470		X	Varies by state ⁴	X
QDWI (05)	Individual: \$5,302 Married Couple: \$7,135	Individual: \$4,000 Married Couple: \$6,000	X			
QI³ (06)	Individual: \$1,781 Married Couple: \$2,400	Individual: \$9,660 Married Couple: \$14,470		X		
Other Full benefit Dually Eligible (08)	Determined by state	Determined by state		Varies by state ⁵	Varies by state ⁴	X

⁵ States pay the Part B premiums if they include all Medicaid eligibility groups in their buy-in agreement with CMS.