Defining Medicare-Medicaid Enrollees[1] in CMS Data Sources
(a.k.a. Defining Duals)

This document provides the MMCO-recommended method of identifying dual eligible beneficiaries (aka Medicare-Medicaid enrollees) from CMS data. As detailed below, this recommended method relies on the State 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[2]

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/CMCS 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

The State MMA File is housed and can be accessed as follows:

a. ***State MMA File:*** The State MMA File is the source file for the information on dual eligible beneficiaries and can be migrated to other data systems within CMS. These monthly files are stored on the CMS Mainframe. For information on accessing the State MMA File, contact CMCS.

b. ***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.

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[1] The term "Medicare-Medicaid enrollee" is synonymous with the term "Dual Eligible Beneficiary" which has been used in prior reports by CMS and other organizations.

[2] 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.

c. ***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. <u>Types of Medicare-Medicaid enrollees</u>

Medicare-Medicaid enrollees are typically classified according to their benefits that they are eligible to receive according to their income and assets at any given point in time. The seven types of dual eligibility are described below[3]:

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 and provides full Medicaid benefits.

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

[3] 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).

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 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 pull the QMB-only beneficiaries out of 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.