DataBrief: Eligibility Pathways for Dual Eligibles

Did you know...

In FY 2008, over 9 million Medicare beneficiaries received financial assistance from Medicaid?

About the data:

The analysis of the number and percentage of dual eligibles by eligibility pathway uses data from the FY 2008 Medicaid Statistical Information System (MSIS) State Summary data, Table 24.

MSIS is a central repository of Medicaid enrollment data, which is collected on an annual basis. It reports Medicaid enrollment and spending information from each state.

The MSIS data can be disaggregated by dual eligible status, some demographic variables, and specific plan or program types.

All states are included in this analysis with the exception of Hawaii, which has not yet completed their reporting for FY 2008.

Analytics powered by Avalere Health LLC

[1] The SCAN Foundation. Fact Sheet No. 17: Medicare Savings Programs. Accessed at: http://www.thescanfoundation.org/sites/default/files/SCAN_FactSheet_17_MEDICARE_SAVINGS.pdf. February 2011

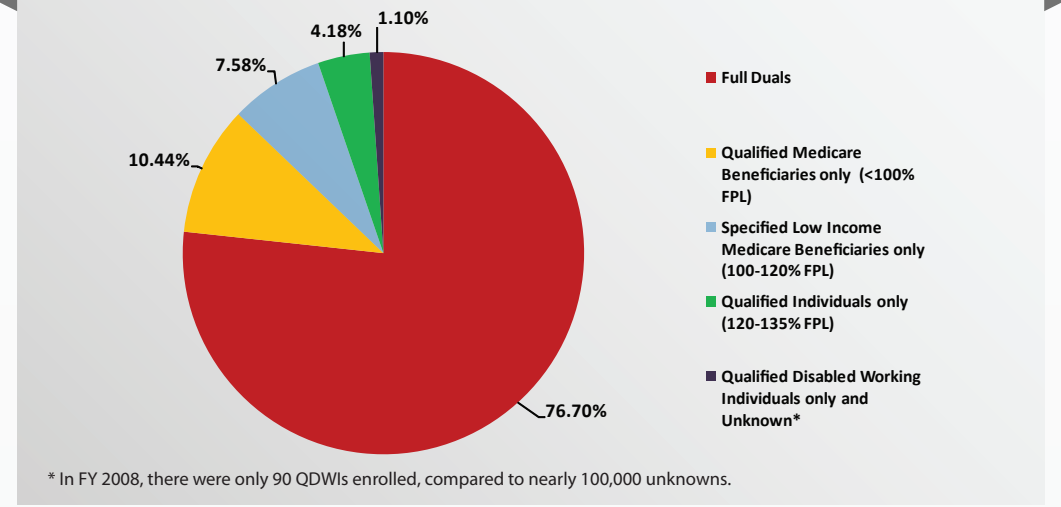
[2] Haber, SG et al. "Evaluation of Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB) Programs." RTI International. October 2003.

[3] Federman AD et al. "Avoidance Of Health Services Because Of Cost: Impact Of The Medicare Savings Program." Health Affairs, 24, no.1 (2005):263-270.

[4] The SCAN Foundation. "DataBrief No 2: Dual Eligibles and Chronic Conditions." September 2010.

- "Dual eligibles" are low-income individuals who qualify for both Medicare and Medicaid. "Full duals" meet the categorical and financial criteria for Medicare and Medicaid and receive full benefits from both programs.
- Individuals who do not qualify for full Medicaid but still need financial assistance with Medicare premiums and cost-sharing are often referred to as "partial" or "supplemental" duals.
- These individuals can participate in one of the four **Medicare Savings Programs (MSPs)** under which Medicaid supplements Medicare on behalf of the beneficiary.[1]
  - Qualified Medicare Beneficiary (QMB): Income up to 100% of the Federal Poverty Level (FPL). Medicaid covers Medicare Part A and Part B premiums and other cost sharing
  - Specified Low Income Medicare Beneficiary (SLMB): Income between 100-120% of FPL.Medicaid covers Medicare Part B premiums.
  - Qualifying Individual (QI): Income between 120-135% of FPL. Medicaid covers Medicare Part B premiums.
  - Qualified Disabled & Working Individuals (QDWI): Income ≤200% of FPL. Working, low-income individuals under age 65 with a persistent disabling impairment. Medicaid covers Medicare Part A premiums.
- In addition to the income limits, QMBs, SLMBs, and QIs must all meet asset limits. As of January 2011, these limits were $6,680 for an individual and $10,020 for a couple and are adjusted annually for inflation.[1] QDWIs have slightly stricter asset limits at $4,000 for an individual and $6,000 for a couple.[1]

Over 76% of Duals Received Full Benefits from Both Medicare and Medicaid



* In FY 2008, there were only 90 QDWIs enrolled, compared to nearly 100,000 unknowns.

A Clear Policy Connection

In FY 2008, over 9 million low-income Medicare beneficiaries received financial assistance from Medicaid to help cover Medicare premiums and other cost sharing. However, studies show that not all eligible individuals are enrolled in the Medicare Savings Programs (MSP).[2]

Research suggests that the cost of co-pays and other out-of-pocket expenses can lead low-income seniors and adults to avoid necessary medical care such as physician visits, prescription refills, and hospital admissions.[3] Given that dual eligibles are more likely to suffer from chronic diseases than Medicare-only beneficiaries[4], access to care is even more vital in maintaining their health.

The Affordable Care Act provides funding for outreach and education activities for the Medicare low-income assistance programs, including the MSPs. These funds will be allocated to State Health Insurance Counseling and Assistance Programs, Area Agencies on Aging, Aging and Disability Resource Centers, and the Administration on Aging to increase outreach and enrollment for these financial support programs.