



Dual Medicare-Medicaid Enrollees and the Medicare Denominator File

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Dual enrollees

1. are Medicare enrollees;
2. might have their Medicare Part B premium paid by their states' Medicaid program (Specified Low-Income Medicare Beneficiaries (SLMBs));
3. might have both their Medicare Part B premium and their Medicare cost-sharing amounts paid by their states' Medicaid program (Qualified Medicare Beneficiaries (QMBs));
4. might receive full Medicaid benefits in addition to (2) or (3). (SLMB Plus, QMB Plus)

For some of those in the population described as "duals", the only Medicaid benefit they receive is payment of Medicare cost sharing amounts and/or payment of their Part B premium. Others may receive full Medicaid benefits in addition to the premium and/or cost sharing amounts. It is also possible, though far less common, for a Medicare beneficiary to be receiving full Medicaid benefits and not have cost-sharing or Part B premiums paid by Medicaid. In that situation, the Medicare beneficiary remains responsible for any premiums, deductibles or co-pays under Medicare while they receive full Medicaid benefits. For a description of the various types of dual eligibility, please see www.cms.hhs.gov/DualEligible

Dually eligible Medicare beneficiaries can have any value for their Medicare status, elderly, disabled or ESRD.

When working with the Medicare Denominator File, it is not possible to identify Medicare beneficiaries who receive full Medicaid benefits. You can not distinguish between any form of QMB and SLMB. It is also not possible to identify those who have cost-sharing amounts paid in addition to having their Part B premium paid. It is not possible to identify those who might be bought in to Part A. During the Denominator file creation process, the only state buy-in records that are accessed from the Enrollment Database are those that pertain to Part B state buy-in. When CMS populates the Denominator buy-in indicator, they are considering all cases where the state has reported paying the Part B premiums. (SLMBs, SLMB Pluses, QMBs, QMB Pluses) There is no information identifying eligibility for full

Medicaid benefits. The buy-in indicator does not provide information on the number of Medicare beneficiaries who are fully eligible for Medicaid. The only way to determine eligibility for full Medicaid benefits for anyone, including the dually eligible, is to obtain Medicaid data files.

Additionally, researchers need to be aware that using the Denominator buy-in indicator may undercount the number of dually eligible Medicare beneficiaries. In 1999, AARP published a report entitled "Bridging the Gaps between Medicare and Medicaid: The Case of QMBs and SLMBs" that included an assessment of the quality of the Medicare data for state Medicare buy-in for 10 states. The report concludes that this data undercounts the number of buy-ins in many states. One reason is that states report that the QMB Pluses are often not included in the QMB category. For example, the Denominator file was evaluated by New York as reporting 67% of their dually eligible and by New Mexico as 19% of their dually eligible population. Five of the other 10 states reported that the CMS counts seemed low.

In addition to any problems with buy-in reporting, CMS Denominator data will always undercount the dually eligible since it does not include those who have both Medicare and Medicaid full coverage but no state Medicaid buy-in for any Medicare beneficiary expenditures.

If you have any questions or comments, ResDAC staff can be contacted at 1-888-ResDAC or resdac@umn.edu

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