Overview of Loss of Full-Benefit Dual Eligibility, 2015-2018

In 2018, 12.2 million individuals were concurrently enrolled in both the Medicare and Medicaid programs.[1] Such individuals must navigate two separate programs: Medicare for the coverage of most preventive, primary, and acute health care services and drugs, and Medicaid for coverage of long-term services and supports (LTSS), certain behavioral health services, and for help with Medicare premiums and cost sharing. Dually eligible individuals may be either full-benefit dually eligible individuals, who qualify for the full range of Medicaid services including behavioral health and LTSS, or partial-benefit dually eligible individuals, who receive assistance only with Medicare premiums and, in most cases, assistance with Medicare cost sharing.[2] Full-benefit dually eligible individuals often separately qualify for assistance with Medicare premiums and cost sharing. About 70 percent of dually eligible individuals have full-benefit dual eligibility.[3] The focus of the accompanying data is on individuals who are considered full-benefit dually eligible individuals.

The loss of dual eligibility due to Medicaid disenrollment can be problematic for both the individuals and for providers. Medicaid disenrollment can result from many reasons, including change in an individual's income, residency, or medical status, or may be caused by administrative barriers that prevent an individual from maintaining Medicaid enrollment even though the individual's income or health status has not improved. Full-benefit dually eligible individuals tend to be older adults or people with disabilities who have low incomes and high health care needs that are generally not expected to significantly improve.[4] Individuals who lose their full-benefit dual eligibility without a concurrent improvement in income or health status may lack the resources to pay for Medicare premiums and cost sharing and may be unable to access services such as LTSS that are covered only by Medicaid. Providers serving dually eligible individuals also experience financial losses when Medicaid stops contributing to the cost of their care and the individuals do not have the resources or other insurance to pay.

In 2019, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) released a report documenting the rate of Medicaid coverage loss among people who had newly transitioned to full-benefit dual eligibility.[5] Using national data from the Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS)[6] for 2006-2010, ASPE identified individuals who transitioned to full-benefit dual eligibility from 2007-2009 and who lost their dual eligibility due to Medicaid disenrollment within the

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[1] Refer to "People Dually Eligible for Medicare and Medicaid," March 2020, prepared by the Centers for Medicare & Medicaid Services' Medicare-Medicaid Coordination Office. Available at: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf.

[2] Medicare cost sharing includes help paying for Medicare deductibles, copayments, and coinsurance.

[3] *Id.* at 1.

[4] *Id* at 1.

[5] Refer to "Loss of Medicare-Medicaid Dual Eligible Status: Frequency, Contributing Factors and Implications. Policy Brief," May 2019, prepared for Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services, by RTI International, available at: aspe.hhs.gov/basic-report/loss-medicare-medicaid-dual-eligible-status-frequency-contributing-factors-and-implications.

[6] The Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS) was developed to integrate Medicare and Medicaid data of dually enrolled beneficiaries. These files allow for the examination of information regarding enrollment, service use and payments for both Medicare and Medicaid. More information about MMLEADS is available at: www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/MMLEADS.

first 12 months following their initial transition.[7] Data showed that among 2.6 million individuals who newly transitioned to full-benefit dual eligibility during 2007-2009 and were followed for 12 months after the transition, 29.1 percent lost full-benefit Medicaid coverage for at least one month, and 21.1 percent lost coverage for more than three months. This rate of loss is noteworthy because full-benefit dually eligible individuals generally are expected to have stable Medicaid enrollment, as many have low incomes and high health care needs that are unlikely to change such that Medicaid coverage would no longer be needed.[8] ASPE concluded that the reasons for this loss of Medicaid eligibility may largely be attributable to administrative processes, including application and renewal procedures, which prevent individuals determined eligible from maintaining consistent Medicaid enrollment.[9]

Data in the accompanying analysis build on work completed by ASPE. The Medicare-Medicaid Coordination Office (MMCO) used data in the Master Beneficiary Summary File to identify individuals who transitioned to full-benefit dual eligibility during 2015-2018.[10,11] The overall rate at which individuals lose full-benefit dual eligibility appears largely unchanged, and there is a slight upward trend in the number of individuals losing Medicaid eligibility for longer periods of time. Of the 3.2 million individuals who transitioned to full-benefit dual eligibility during 2015-2018, 29.1 percent lost full-benefit Medicaid coverage for at least one month, and 24.1 percent lost coverage for more than three months during the 12 months following the transition.

The initial 2019 report and this 2021 update indicate that loss of eligibility is persistent among the population of full-benefit dually eligible individuals, and longer-term eligibility loss (of more than 3 months) has even increased in the intervening years. MMCO continues to examine policies and systemic barriers that may be contributing to this loss of eligibility, including the correlation between state-specific loss of eligibility rates and policy changes.

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[7] The report focused on those who had newly transitioned to full-benefit dual eligibility because previous research had not focused on this group of individuals within the full-benefit dually eligible population. Refer to *id.* at 3.

[8] *Id.* at 1.

[9] *Id.* at 15-16. For specific break-downs of the relationship between state eligibility policy and disenrollment, refer to p. 11.

[10] The Master Beneficiary Summary File (MBSF) contains information about Medicare beneficiary enrollment, including information about enrollment in Medicare Fee-for-Service (Parts A and B), enrollment in Medicare Advantage (Part C), enrollment in Part D prescription drug plans, and dual eligibility status. More information about the MBSF is available here: resdac.org/cms-data/files/mbsf-base.

[11] As in the ASPE report, the population in the updated analysis is newly transitioned full-benefit dually eligible individuals. Refer to the Overview worksheet tab in the Excel spreadsheet for methodology details: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.

State	Individuals with 12 Months of Follow-up	No Loss of Coverage		Loss of Coverage At Least 1 Month		Loss of Coverage More than 3 Months	
NATIONAL	3,221,678	2,283,803	70.9%	937,875	29.1%	776,330	24.1%
Alabama	26,255	20,469	78.0%	5,786	22.0%	2,514	9.6%
Alaska	6,729	4,843	72.0%	1,886	28.0%	1,398	20.8%
Arizona	66,676	54,747	82.1%	11,929	17.9%	9,358	14.0%
Arkansas	7,038	21,908	81.0%	5,130	19.0%	4,028	14.9%
California	476,215	343,259	72.1%	132,956	27.9%	108,412	22.8%
Colorado	48,187	28,941	60.1%	19,246	39.9%	16,624	34.5%
Connecticut	36,543	22,081	60.4%	14,462	39.6%	12,567	34.4%
Delaware	9,001	5,105	56.7%	3,896	43.3%	3,684	40.9%
District of Columbia	9,990	7,524	75.3%	2,466	24.7%	1,953	19.5%
Florida	192,089	127,467	66.4%	64,622	33.6%	55,728	29.0%
Georgia	77,645	49,764	64.1%	27,881	35.9%	25,183	32.4%
Hawaii	14,101	10,507	74.5%	3,594	25.5%	2,877	20.4%
Idaho	12,387	9,232	74.5%	3,155	25.5%	2,489	20.1%
Illinois	147,480	90,876	61.6%	56,604	38.4%	45,693	31.0%
Indiana	58,724	44,142	75.2%	14,582	24.8%	10,975	18.7%
Iowa	24,918	20,161	80.9%	4,757	19.1%	3,698	14.8%
Kansas	16,996	12,248	72.1%	4,748	27.9%	4,048	23.8%
Kentucky	56,664	25,983	45.9%	30,681	54.1%	28,270	49.9%
Louisiana	63,518	38,205	60.1%	25,313	39.9%	23,218	36.6%
Maine	16,673	13,630	81.7%	3,043	18.3%	2,442	14.6%
Maryland	50,378	27,813	55.2%	22,565	44.8%	20,318	40.3%
Massachusetts	93,311	73,056	78.3%	20,255	21.7%	16,089	17.2%
Michigan	115,147	75,733	65.8%	39,414	34.2%	32,178	27.9%
Minnesota	48,842	34,129	69.9%	14,713	30.1%	12,162	24.9%
Mississippi	27,598	21,718	78.7%	5,880	21.3%	4,835	17.5%
Missouri	60,111	37,970	63.2%	22,141	36.8%	18,350	30.5%
Montana	10,337	5,597	54.1%	4,740	45.9%	4,192	40.6%
Nebraska	12,700	10,182	80.2%	2,518	19.8%	1,851	14.6%
Nevada	13,039	8,900	68.3%	4,139	31.7%	3,395	26.0%
New Hampshire	14,078	6,354	45.1%	7,724	54.9%	6,916	49.1%
New Jersey	62,808	57,955	92.3%	4,853	7.7%	3,468	5.5%
New Mexico	41,346	31,822	77.0%	9,524	23.0%	7,413	17.9%
New York	310,696	220,401	70.9%	90,295	29.1%	72,838	23.4%
North Carolina	89,922	72,103	80.2%	17,819	19.8%	13,451	15.0%
North Dakota	5,703	3,478	61.0%	2,225	39.0%	1,951	34.2%
Ohio	157,356	107,695	68.4%	49,661	31.6%	39,983	25.4%
Oklahoma	34,028	29,121	85.6%	4,907	14.4%	3,753	11.0%
Oregon	50,227	27,126	54.0%	23,101	46.0%	20,389	40.6%

State	Individuals with 12 Months of Follow-up	No Loss of Coverage		Loss of Coverage At Least 1 Month		Loss of Coverage More than 3 Months	
Pennsylvania	151,703	119,020	78.5%	32,683	21.5%	27,058	17.8%
Puerto Rico	5,112	2,169	42.4%	2,943	57.6%	2,588	50.6%
Rhode Island	13,643	11,192	82.0%	2,451	18.0%	1,944	14.2%
South Carolina	42,274	38,402	90.8%	3,872	9.2%	2,949	7.0%
South Dakota	5,199	4,388	84.4%	811	15.6%	671	12.9%
Tennessee	55,459	51,478	92.8%	3,981	7.2%	3,059	5.5%
Texas	124,154	96,757	77.9%	27,397	22.1%	20,275	16.3%
Utah	12,799	8,932	69.8%	3,867	30.2%	2,960	23.1%
Vermont	7,406	5,656	76.4%	1,750	23.6%	1,422	19.2%
Virgin Islands	243	145	59.7%	98	40.3%	79	32.5%
Virginia	61,565	43,066	70.0%	18,499	30.0%	15,262	24.8%
Washington	66,643	37,933	56.9%	28,710	43.1%	26,366	39.6%
West Virginia	25,133	13,414	53.4%	11,719	46.6%	10,517	41.8%
Wisconsin	57,181	43,793	76.6%	13,388	23.4%	10,504	18.4%
Wyoming	4,809	3,491	72.6%	1,318	27.4%	962	20.0%
Other	2,899	1,722	59.4%	1,177	40.6%	1,023	35.3%
NATIONAL	3,221,678	2,283,803	70.9%	937,875	29.1%	776,330	24.1%