

Dually Eligible Individuals – 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 summarizes the types of coverage which dually eligible individuals have and the dual status codes corresponding to each of their eligibility groups.

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

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

Medicaid is a joint federal and state program that provides health insurance for certain individuals with low income. Each state administers its program, following broad national federal guidelines, statutes, regulations, and policies. Each state:

- Establishes eligibility standards.
- Decides type, amount, duration, and scope of services; and
- Sets payment rates.

Dual Eligibility Categories

This section summarizes the eligibility categories for dually eligible individuals, including dual status codes and a description of each category and the level of assistance with Medicare Parts A and B premiums and cost-sharing. Each eligibility category is mutually exclusive. Table 1 – Eligibility Categories and Assistance with Medicare Parts A/B Costs, summarizes this information.

- **Qualified Medicare Beneficiaries (QMBs) without other Medicaid (QMB-Only – also known as QMB “partial-benefit”)** 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 (QMB-Plus – also known as QMB “full-benefit”)** 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. 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.

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).

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- **Specified Low-Income Medicare Beneficiaries (SLMBs) without other Medicaid (SLMB Only – also known as SLMB “partial-benefit”)** 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 the Part B-ID premium and/or cost-sharing, a status known as SLMB-Part B-ID.
- **SLMBs with full-benefit Medicaid (SLMB-Plus – also known as SLMB “full-benefit”)** 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).
- **Qualifying Individuals (QIs)** 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 and/or cost sharing, a status known as QI-Part B-ID.
- **Qualified Disabled and Working Individuals (QDWIs – also known as QDWI “partial benefit”)** 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.
- **Full-benefit Medicaid** 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.

² States may apply Medicaid cost-sharing, such as copayments, deductibles, and/or premiums, to certain Medicaid beneficiaries in accordance with 42 CFR 447.52 through 447.56.

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For information on how states code and exchange dual eligibility categories information with CMS, for dually eligible individuals in their state, see the [*Medicare Advantage Prescription Drug State User Guide*](#).

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

Dual Eligibility Categories	Monthly Income as of 2024¹	Assets as of 2024¹	Covers Part A Premium (when applicable)	Covers Part B Premium	Covers Parts A & B Cost Sharing	Full Medicaid Coverage²
QMB only⁴	Individual: \$1,275 Married Couple: \$1,724	Individual: \$9,430 Married Couple: \$14,130	X	X	X ³	
QMB plus	Individual: \$1,275 Married Couple: \$1,724	Individual: \$9,430 Married Couple: \$14,130	X	X	X ³	X
SLMB only⁴	Individual: \$1,526 Married Couple: \$2,064	Individual: \$9,430 Married Couple: \$14,130		X		
SLMB plus	Individual: \$1,526 Married Couple: \$2,064	Individual: \$9,430 Married Couple: \$14,130		X	Varies by state ⁵	X
QI⁴	Individual: \$1,715 Married Couple: \$2,320	Individual: \$9,430 Married Couple: \$14,130		X		
QDWI	Individual: \$5,105 Married Couple: \$6,899	Individual: \$4,000 Married Couple: \$6,000	X			
Full-benefit Medicaid (only)²	Determined by state	Determined by state		Varies by state ⁶	Varies by state ⁵	X

¹ The Centers for Medicare & Medicaid Services (CMS) releases the income and resource limits for all states and D.C annually. The income limits for the MSPs include a standard disregard of \$20 and for QDWI, earned income disregards. The asset limit calculation for QMBs, SLMBs, and QIs is 3 times the SSI resource limit, adjusted annually by increases in the Consumer Price Index (effective January 1, 2010). States can effectively raise the federal floor for income and resources standards under the authority of section 1902(r)(2) of the Social Security Act, which generally permits state Medicaid agencies to disregard income and/or resources that are counted under supplemental security income (SSI) financial eligibility methodologies. Some states have used the authority of section 1902(r)(2) of the Act to effectively eliminate the asset test for the MSP groups. Higher-income limits apply for Alaska and Hawaii.

² “Full-benefit” Medicaid coverage generally refers to coverage for a range of items and services, beyond coverage for Medicare premiums and cost-sharing, that certain individuals are entitled to when they qualify under certain eligibility categories included in the State Medicaid Plan (state plan). Individuals who are QMB/SLMB “plus” receive full-benefit Medicaid in addition to coverage of some or all their Medicare Parts A and B expenses. Individuals who receive full-benefit Medicaid only are entitled to Medicare Part A and/or entitled to Part B, and qualify for full-benefit Medicaid benefits, but not the QMB or SLMB groups.

³ While individuals enrolled in QMB do not pay Medicare deductibles, coinsurance, or copays, they may have a small Medicaid copay for certain Medicaid-covered services.

⁴ 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.

⁵ 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.

⁶ States pay the Part B premiums if they include all Medicaid eligibility groups in their buy-in agreement with CMS.