

Partial Dual Beneficiaries

A profile of medical, functional, and social needs, and Medicaid eligibility churn

JUNE 2021

Acknowledgment

Supported by Anthem Public Policy Institute – working to advance meaningful change in our healthcare system. For more information, visit [anthempolicyinstitute.com](https://www.anthempublicpolicyinstitute.com).

Purpose

Quantify the demographics, needs, and experiences of Medicare beneficiaries who are also partially eligible for Medicaid (Partial Dual beneficiaries)

Data Sources

2018 Medicare Current Beneficiary Survey (MCBS) and 2018 – 2020 Master Beneficiary Summary File (MBSF)

Navigate directly to a chartbook section:

- [Population Profile](#)
- [Beneficiaries with Long-term Services and Supports \(LTSS\) needs](#)
- [Medicare Utilization and Spend](#)
- [Eligibility Churn](#)

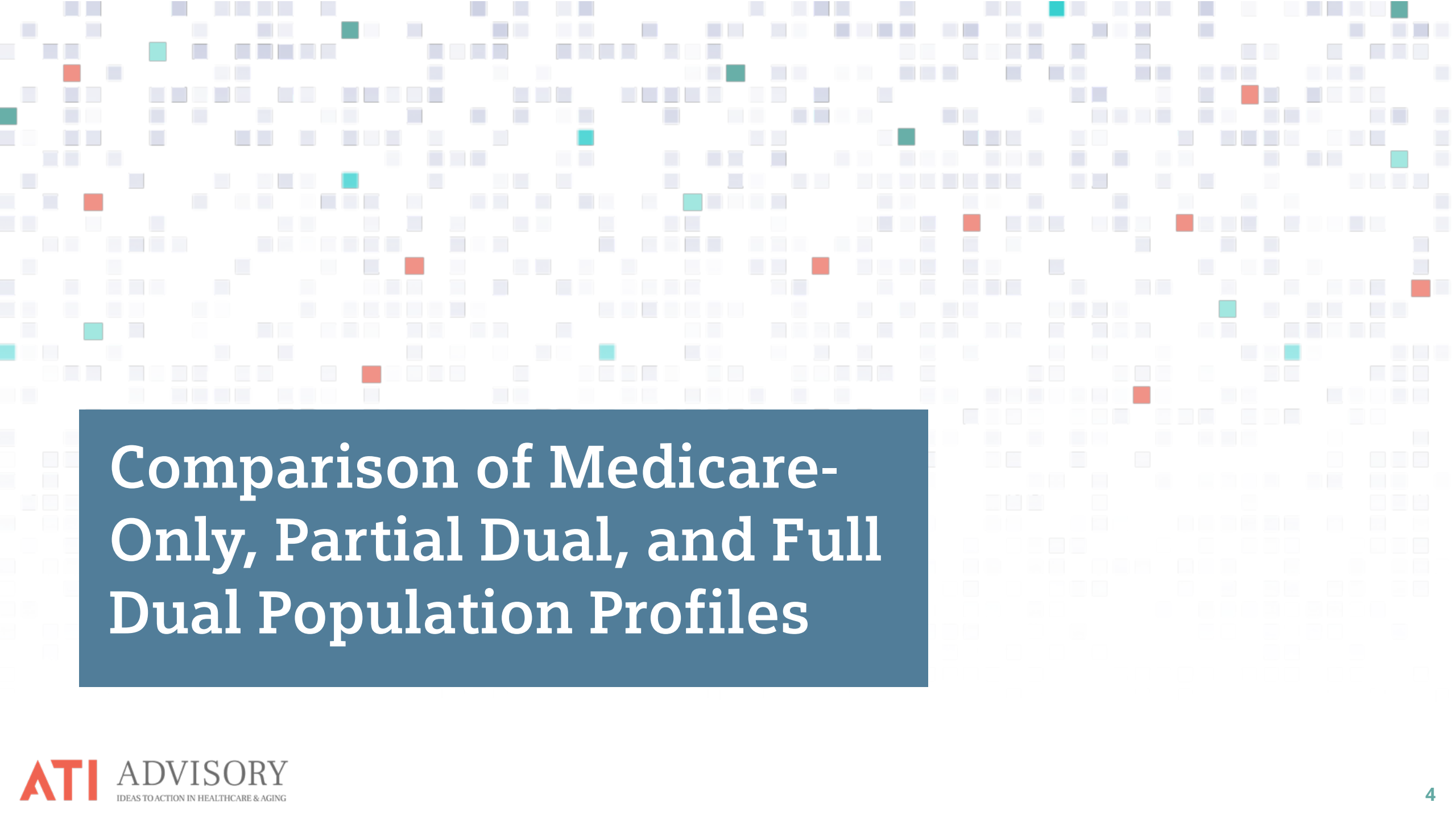
Background Information on Dual Eligibility

Medicare beneficiaries who also qualify for Medicaid benefits are often referred to as “dual eligible beneficiaries.” All dual eligible beneficiaries receive some level of Medicare cost support from their state Medicaid program, based on the individual’s income and asset levels. To receive full Medicaid benefits (*full* duals), an individual must also meet Medicaid eligibility qualifications. [From the table below, QMB only, SLMB only, QDWI, and QI are considered *partial dual* beneficiaries.](#)

Dual Eligibility Category	Medicare Out-of-Pocket Support	Eligible for Other Medicaid Benefits	Number of Individuals
Qualified Medicare Beneficiaries (QMB) without other Medicaid (QMB Only)	<ul style="list-style-type: none"> Medicare Part A (if any) and Part B premiums Medicare deductibles, coinsurance, and copayments 	No	~1.7m
QMBs with full Medicaid (QMB Plus)		Yes, based on benefit eligibility (e.g., functional criteria)	~5.9m
Specified Low-Income Medicare Beneficiaries (SLMB) without other Medicaid (SLMB Only)	<ul style="list-style-type: none"> Medicare Part B premiums 	No	~1.0m
SLMBs with full Medicaid (SLMB Plus)		Yes, based on benefit eligibility (e.g., functional criteria)	~300k
Qualified Disabled and Working Individuals (QDWI)	<ul style="list-style-type: none"> Medicare Part A premiums 	No	~500
Qualifying Individuals (QI)	<ul style="list-style-type: none"> Medicare Part B premiums; limited to first-come, first-served 	No	~570k
Full Medicaid only/ Full-benefit Dual Eligibles (FBDE)	<ul style="list-style-type: none"> Depends on state policy; may include Medicare Part B premiums 	Yes, based on benefit eligibility (e.g., functional criteria)	~1.7m

See also ATI Advisory companion report “Advancing the Policy Environment to Address the Unique Needs of Partial Dual Eligible Beneficiaries” and Medicare Learning Network “Dually Eligible Beneficiaries Under Medicare and Medicaid” (ICN MLN006977) for more detail.

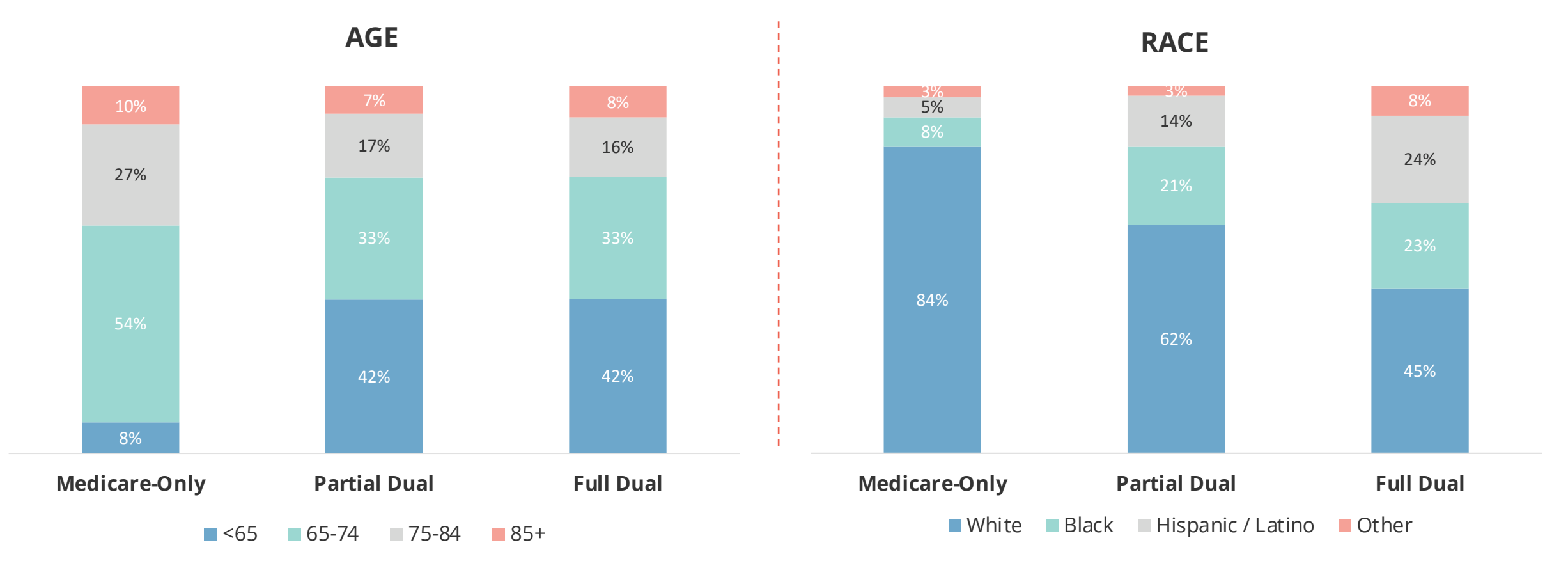
Number of individuals pulled from CMS MMCO Statistical & Analytical Reports, Enrollment Snapshot Quarterly Release through, June 2020.



Comparison of Medicare- Only, Partial Dual, and Full Dual Population Profiles

Full Duals and Partial Duals Are Demographically Similar

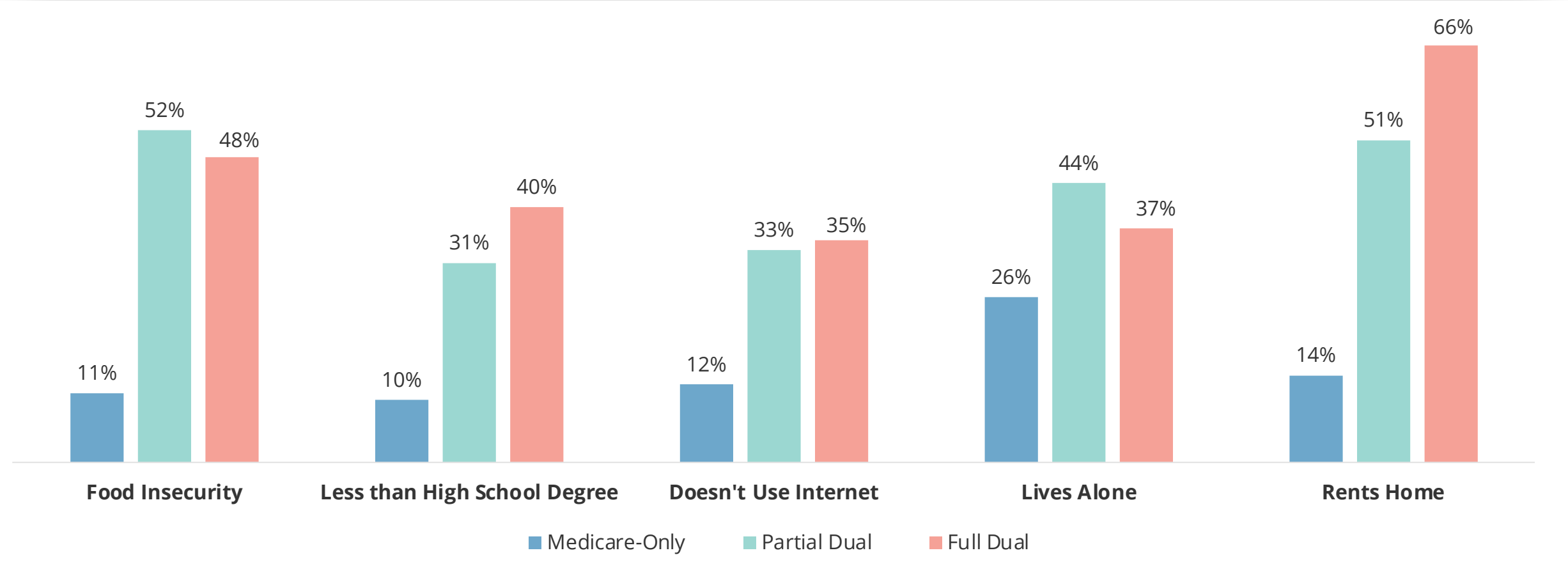
Partial and Full Dual beneficiaries are much more likely to be under age 65 than Medicare-Only beneficiaries, and to be Black or Hispanic/Latino.



Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Excludes residents of assisted living and nursing facilities.

Partial Dual Beneficiaries Experience Similar Social Drivers of Health as Full Duals

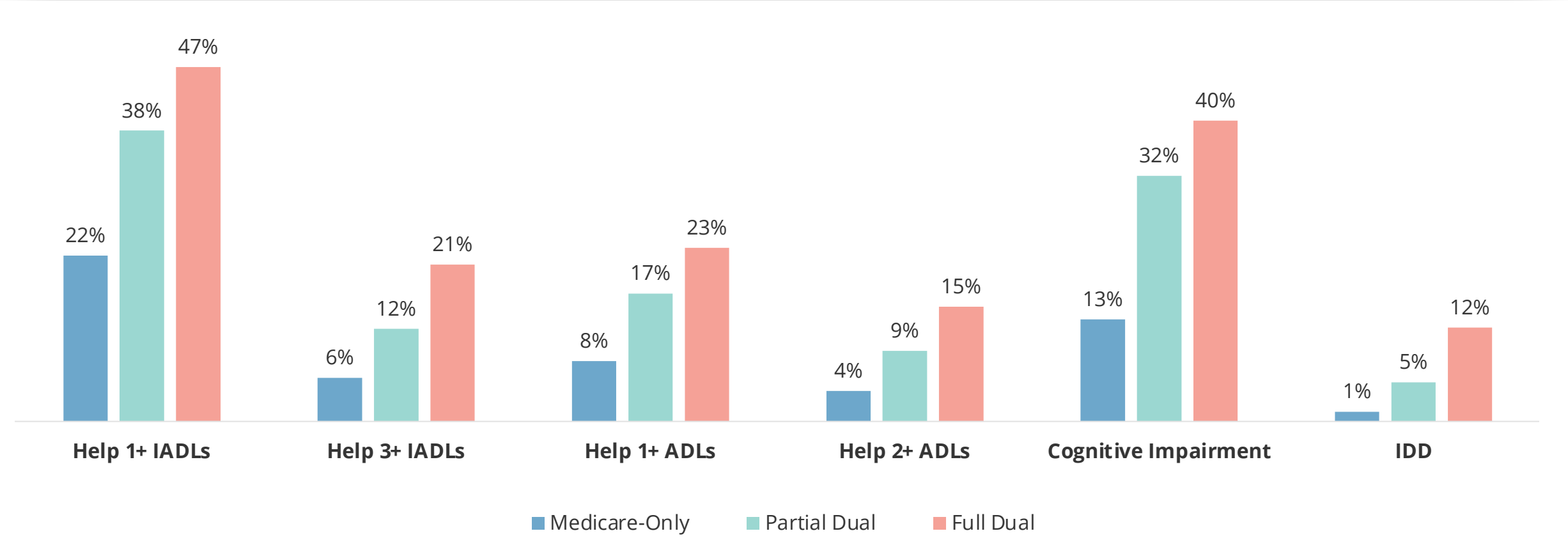
Dual eligible beneficiaries are more likely to experience social needs than Medicare-Only beneficiaries.



Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Excludes beneficiaries with "no response," excludes assisted living and nursing facility residents.

Similar to Full Duals, Partial Duals Are Likely to Need LTSS

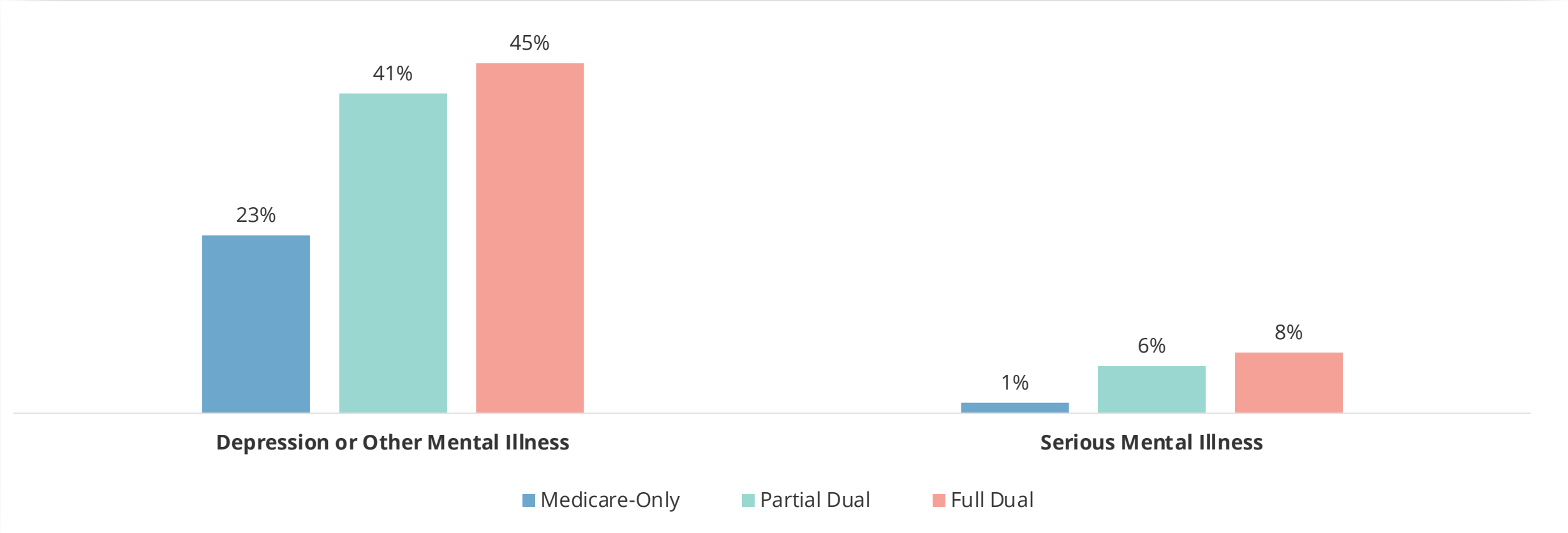
Partial Dual beneficiaries do not have access to Medicaid-funded LTSS but experience relatively high levels of need for these services.



Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Excludes assisted living and nursing facility residents.
ADL = Activities of Daily Living
IADL = Instrumental Activities of Daily Living

Partial Duals Have Similar Mental Health Needs as Full Duals

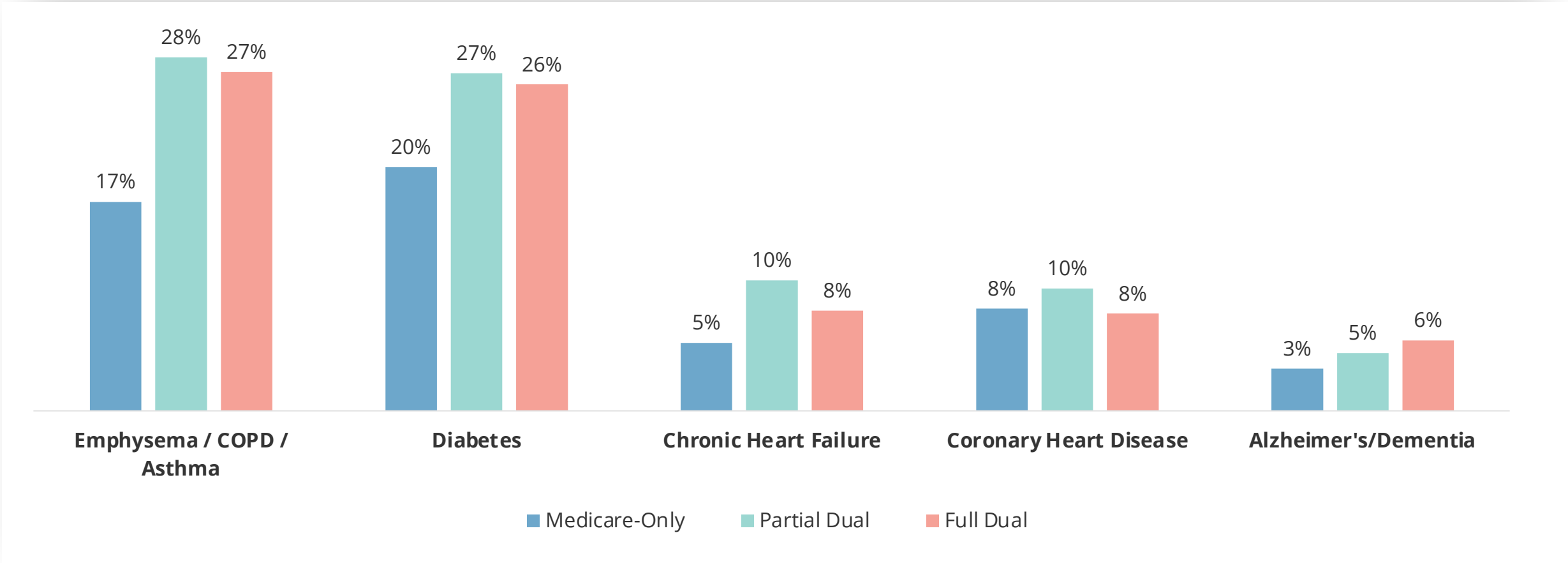
Despite high rates of mental health conditions, Partial Dual beneficiaries do not have access to Medicaid-covered mental health services.



Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Excludes assisted living and nursing home residents.

Partial Duals Have Similar Chronic Condition Health Needs as Full Duals

Partial Dual beneficiaries stand to benefit from higher touch clinical models of care, similar to Full Duals.



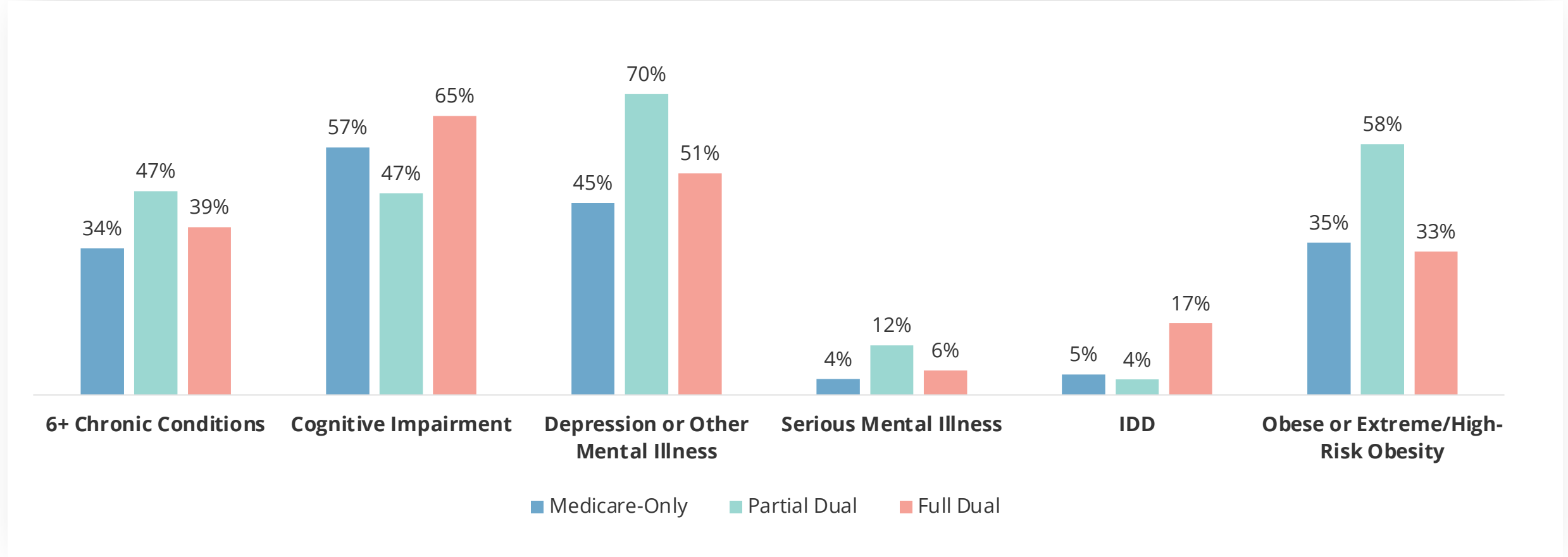
Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Excludes assisted living and nursing home residents.



Comparative Profile of Beneficiaries with LTSS Needs

Partial Duals with LTSS Needs Are Medically Complex

Partial Dual beneficiaries with LTSS needs are especially likely to experience multiple chronic conditions, depression, severe mental illness, and obesity.

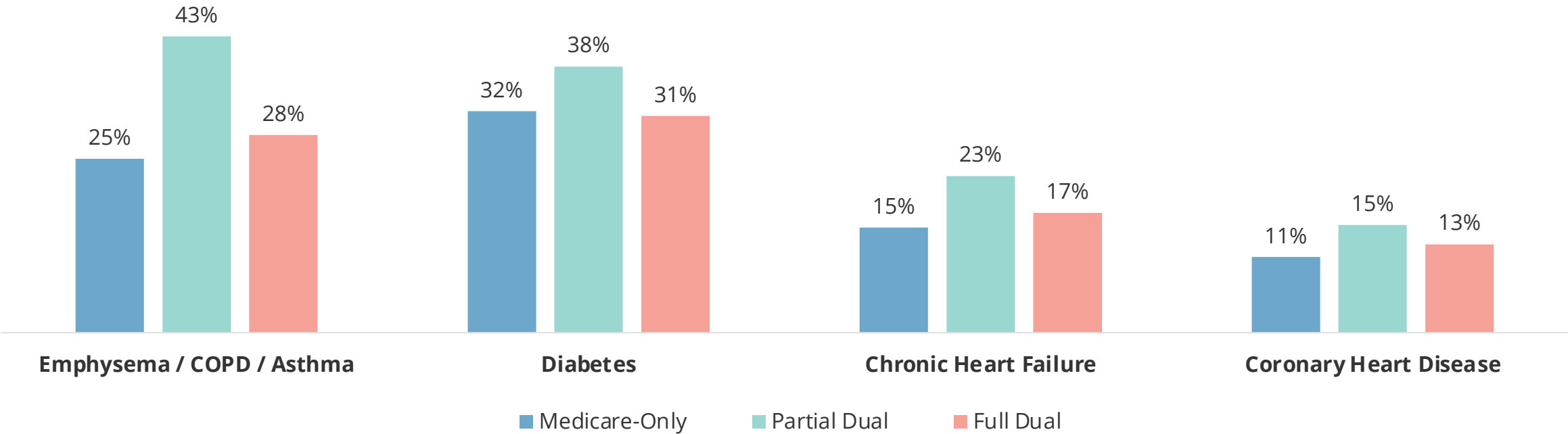


Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Excludes assisted living and nursing home residents.
Limited to individuals needing assistance with 2+ ADLs.
IDD = Intellectual and/or developmental disability

Partial Duals with LTSS Needs Would Benefit from Higher Touch Clinical Models Typical of D-SNPs

Partial Dual beneficiaries with LTSS needs are more likely than Medicare-only beneficiaries or Full Duals to have COPD, diabetes, and serious heart conditions.

LTSS NEEDS IN THE COMMUNITY, SELECTED CHRONIC CONDITIONS

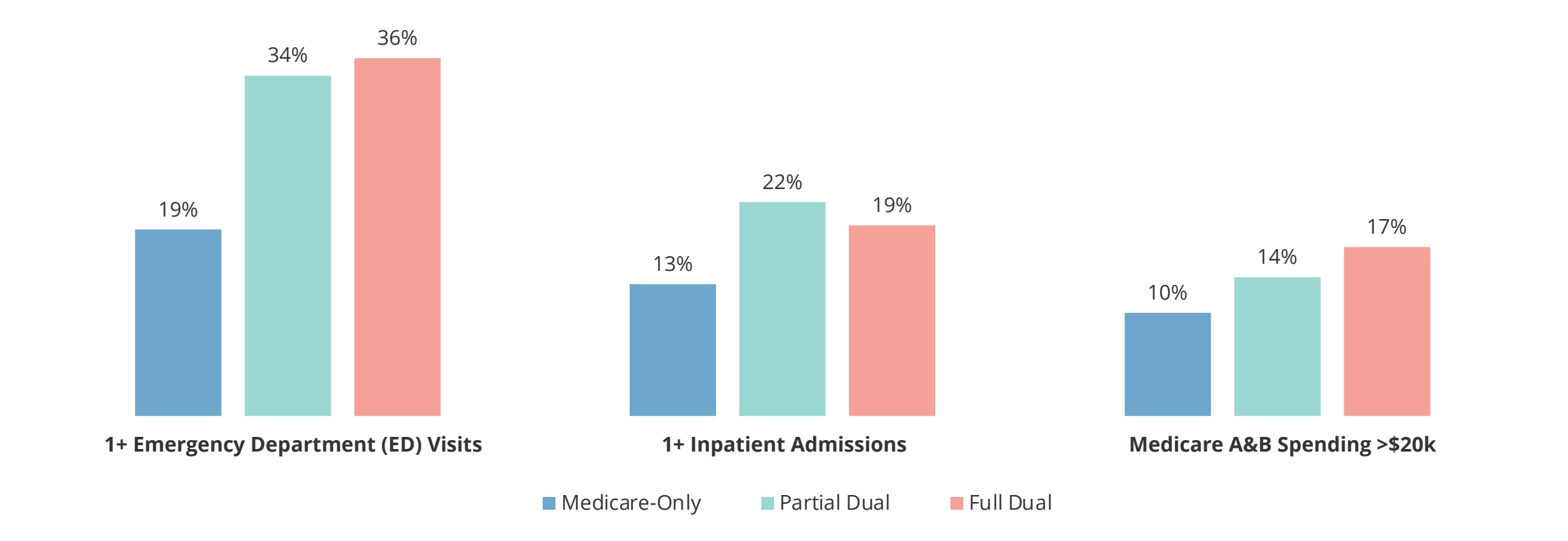


Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Excludes assisted living and nursing home residents.
Limited to individuals needing assistance with 2+ ADLs.



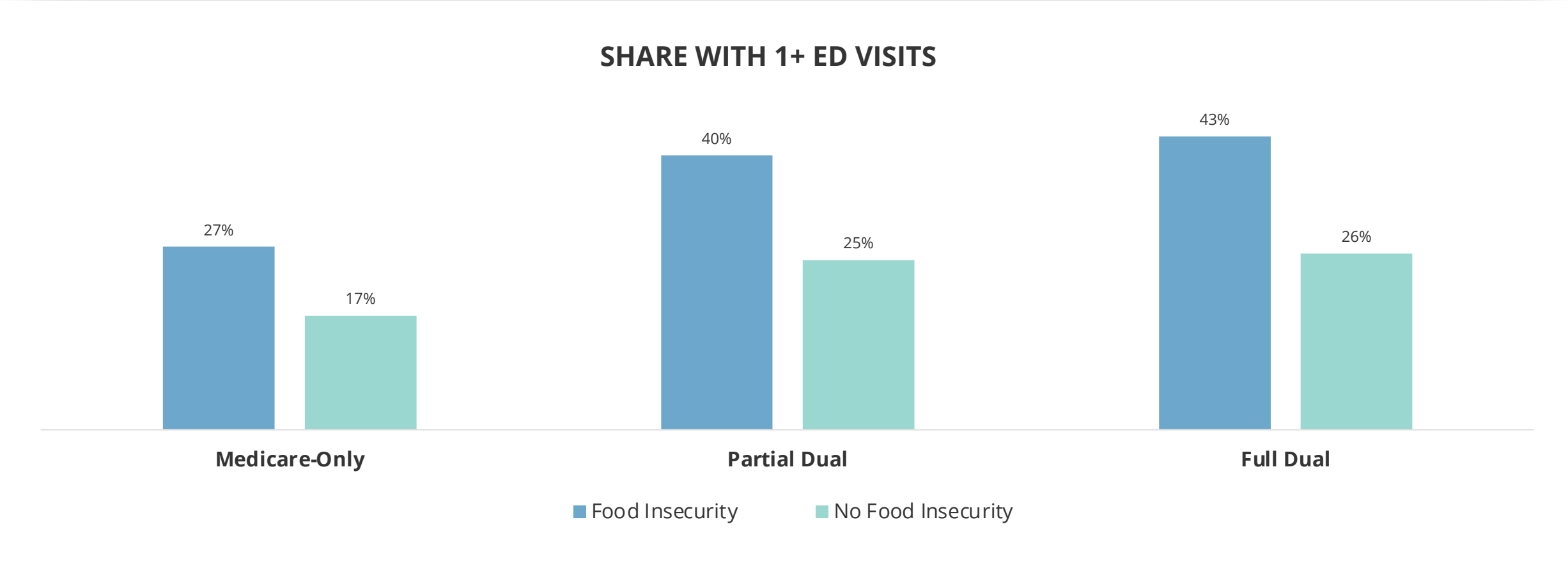
Utilization and Spend

Partial Duals Tend to Have Utilization Similar to Full Duals



Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Data limited for traditional fee-for-service Medicare beneficiaries living in the community.
Excludes assisted living and nursing facility residents.

Beneficiaries Experiencing Food Insecurity Use the Emergency Department (ED) More Often

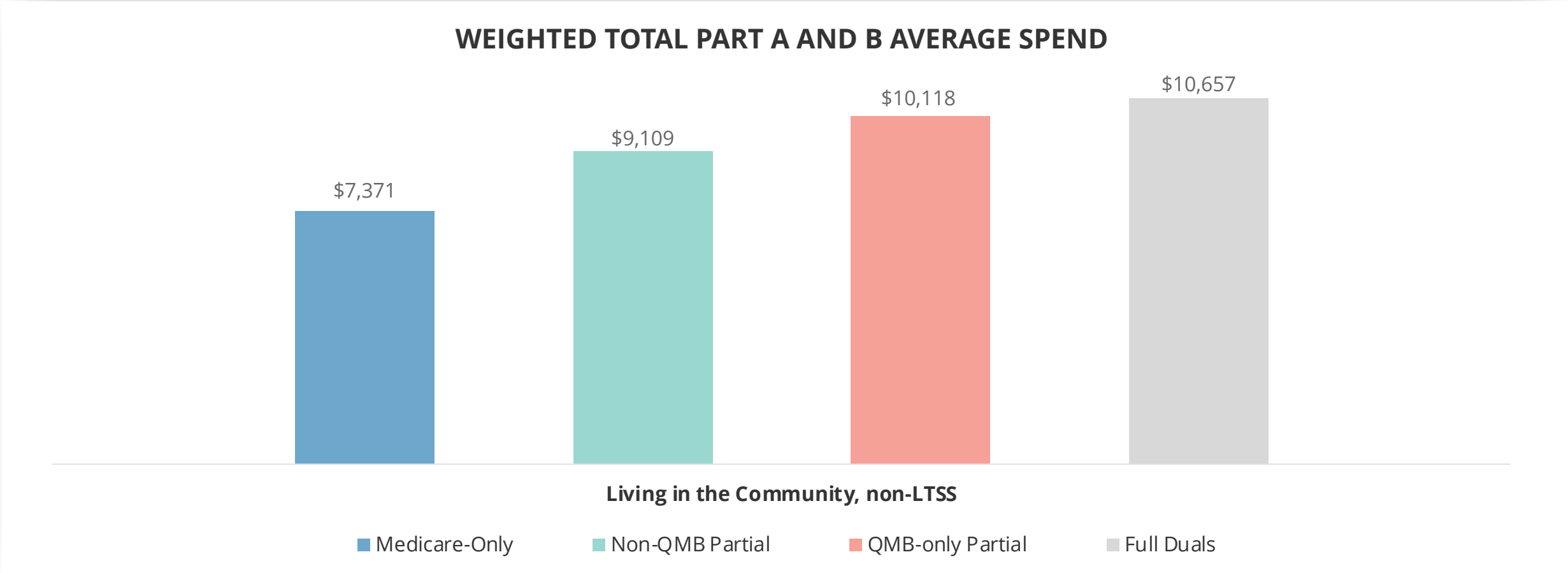


Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Data limited for traditional fee-for-service Medicare beneficiaries living in the community.
Excludes assisted living and nursing facility residents.

Utilization and Spend Deeper Dive:

Partial Dual Beneficiary Eligibility Categories

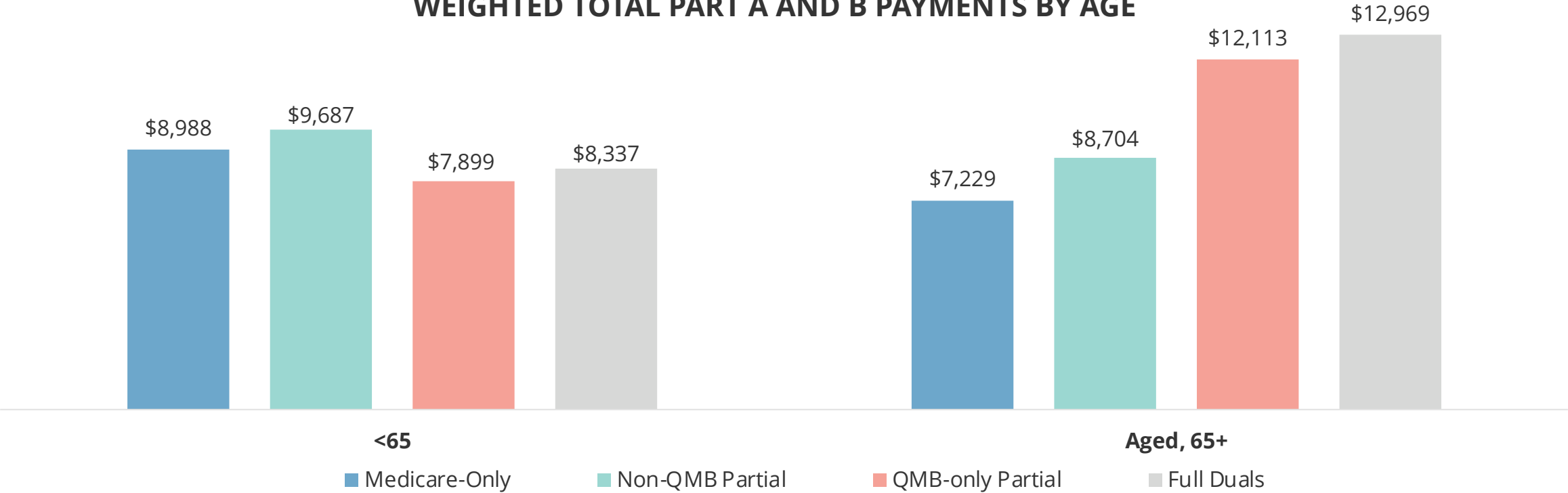
Among Community-Well Beneficiaries, Full Dual and QMB-Only Spending Is Nearly Identical



Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Data limited for traditional fee-for-service Medicare beneficiaries living in the community.
“Community-well” defined as needing assistance with 0-1 ADLs; sample size for at the MSP level (e.g., QMB-only) with 2+ ADLs was too small to analyze.

Among Community-Well Beneficiaries, Spending for Full and QMB-only Partial Duals Is Similar, and Is Higher Among Those Aged 65+

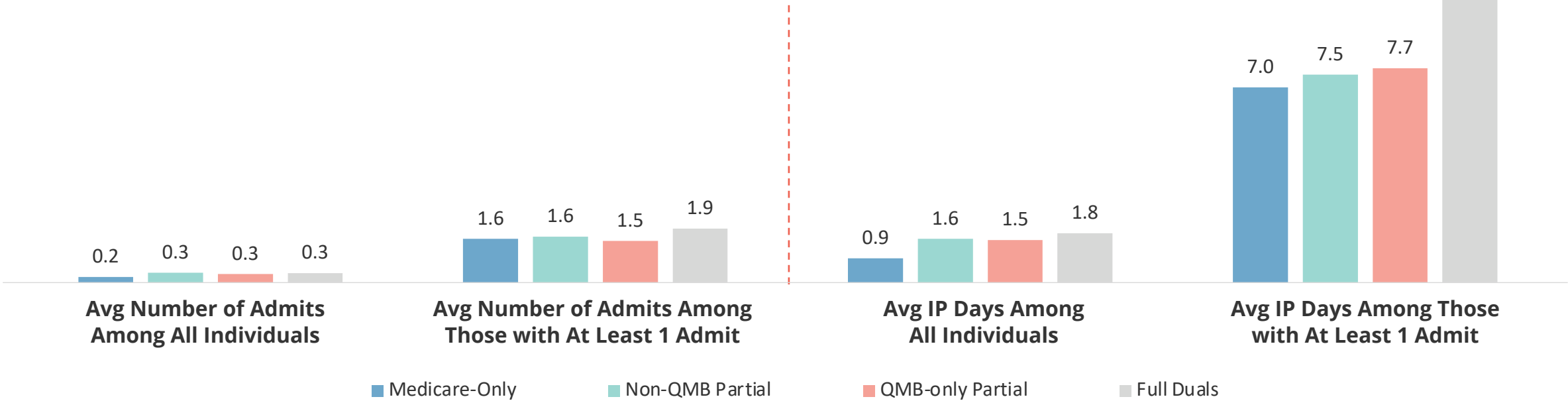
WEIGHTED TOTAL PART A AND B PAYMENTS BY AGE



Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Data limited for traditional fee-for-service Medicare beneficiaries living in the community.
“Community-well” defined as needing assistance with 0-1 ADLs; sample size for at the MSP level (e.g., QMB-only) with 2+ ADLs was too small to analyze.

Among Community-Well Beneficiaries with an Inpatient (IP) Admit, Average Number of Admits and IP Days Is Higher Among Full Duals

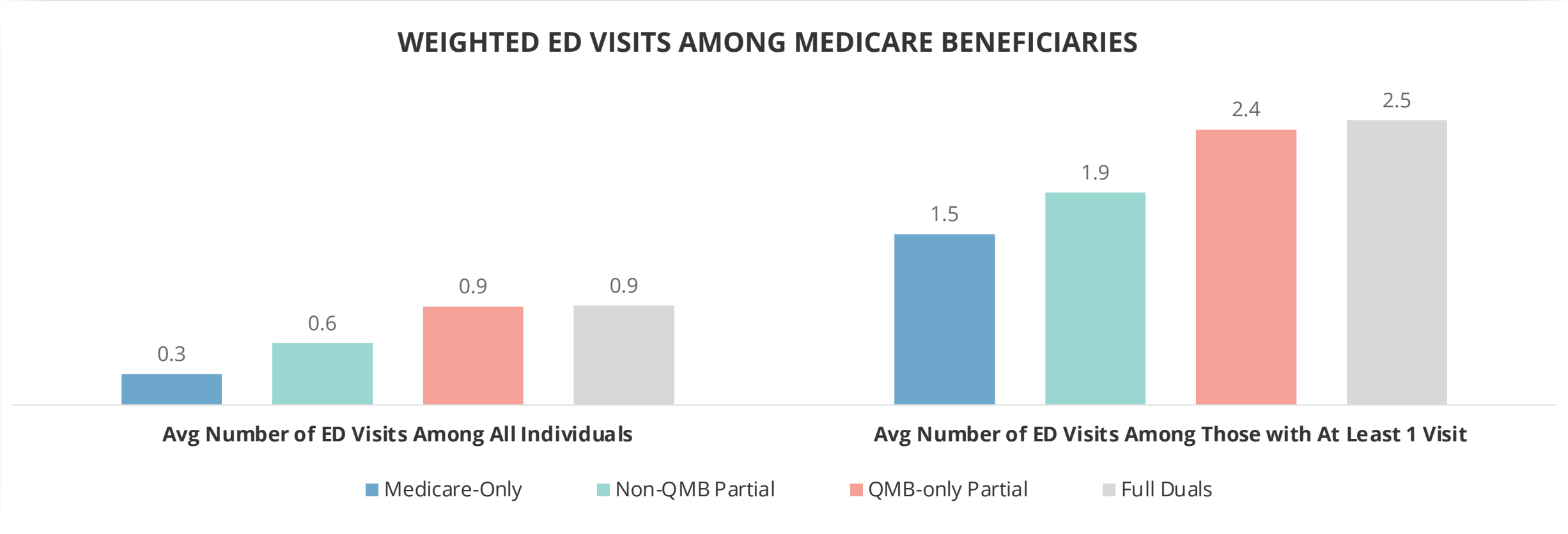
WEIGHTED IP ADMITS AND DAYS AMONG MEDICARE BENEFICIARIES



Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Data limited for traditional fee-for-service Medicare beneficiaries living in the community.
“Community-well” defined as needing assistance with 0-1 ADLs; sample size for at the MSP level (e.g., QMB-only) with 2+ ADLs was too small to analyze.

Among Community-Well Beneficiaries with an ED Visit, Average Number of Visits Is Nearly Identical Between Full and QMB-Only Partial Duals

WEIGHTED ED VISITS AMONG MEDICARE BENEFICIARIES



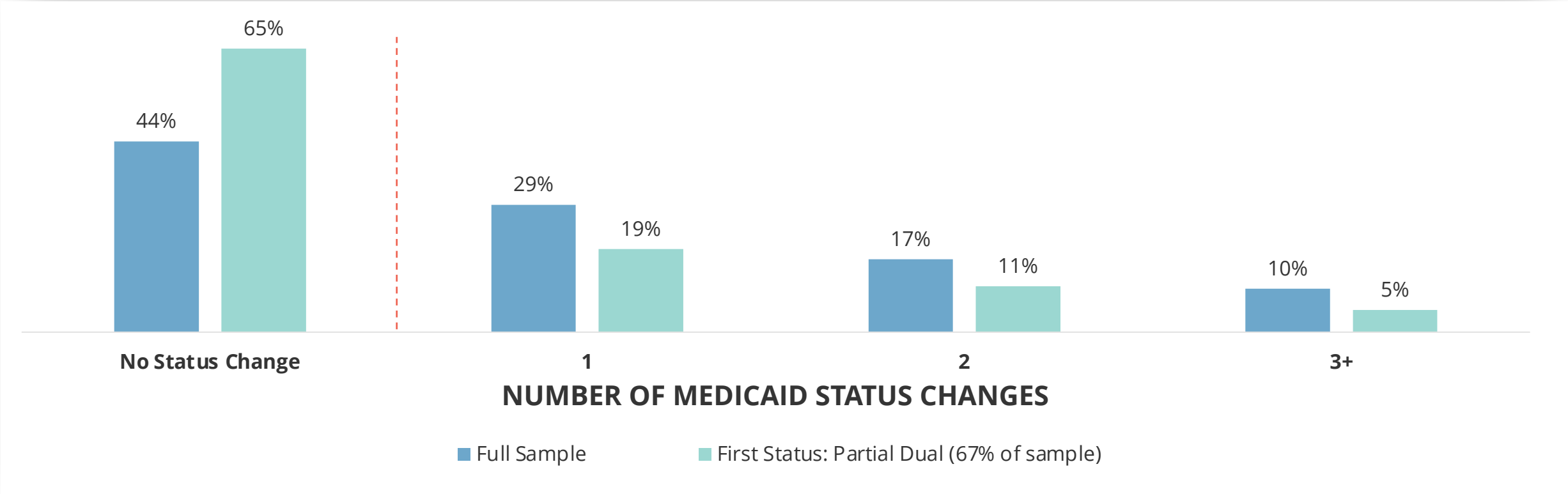
Source(s): ATI Advisory analysis of 2018 Medicare Current Beneficiary Survey.
Note(s): Data limited for traditional fee-for-service Medicare beneficiaries living in the community.
"Community-well" defined as needing assistance with 0-1 ADLs; sample size for at the MSP level (e.g., QMB-only) with 2+ ADLs was too small to analyze.



Eligibility Churn Among Partial Duals

Over a 30-month Period, Most Partial Duals Experience Changes in Their Medicaid Coverage

Among those who begin the study period with Partial Medicaid coverage (“First Status: Partial Dual”), a third experience one or more changes in their Medicaid coverage. Among beneficiaries with *any partial dual* status during the study period (“Full Sample”), 56% experience eligibility churn.

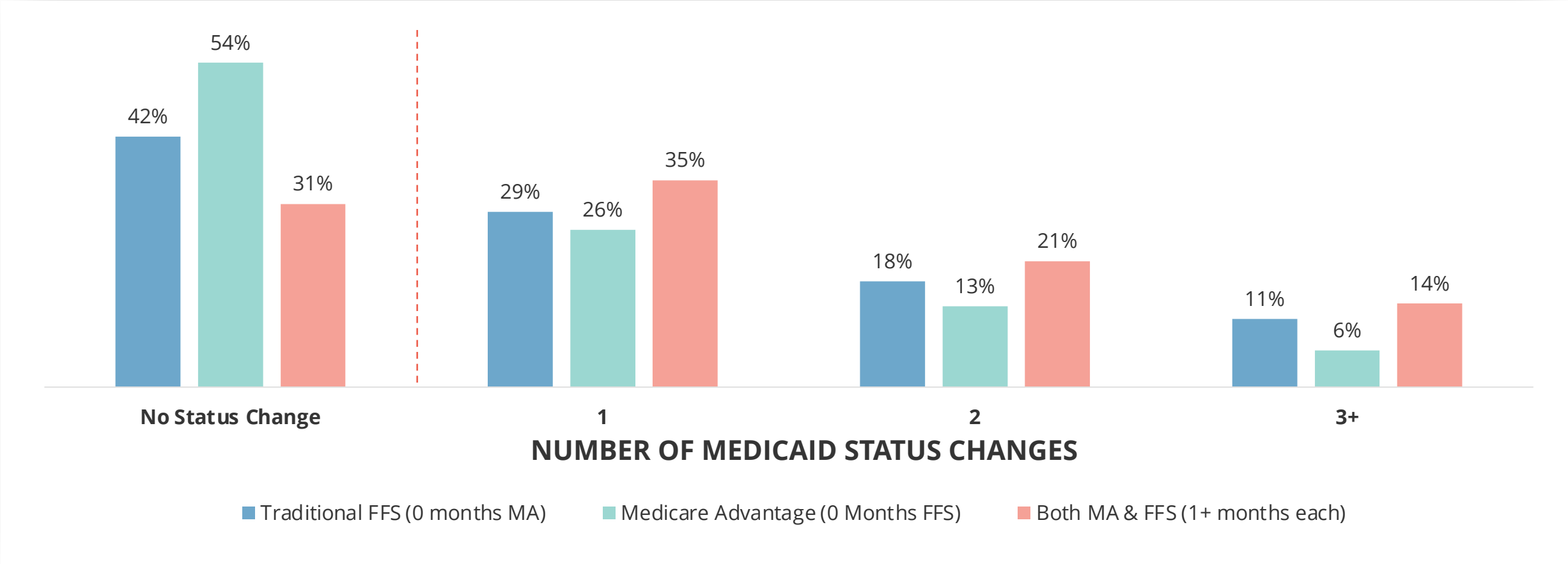


Source(s): ATI Advisory analysis of 2020 Master Beneficiary Summary File.

Note(s): *For this analysis, an individual was considered as having a Medicaid status change if s/he shifted across Full, Partial, or Medicare-Only coverage. An individual moving within partial Medicaid eligibility categories (e.g., QMB-only to SLMB-only) was not counted as a status change.

Medicare Advantage Enrollees Experience Less Churn than Those in Traditional FFS Medicare

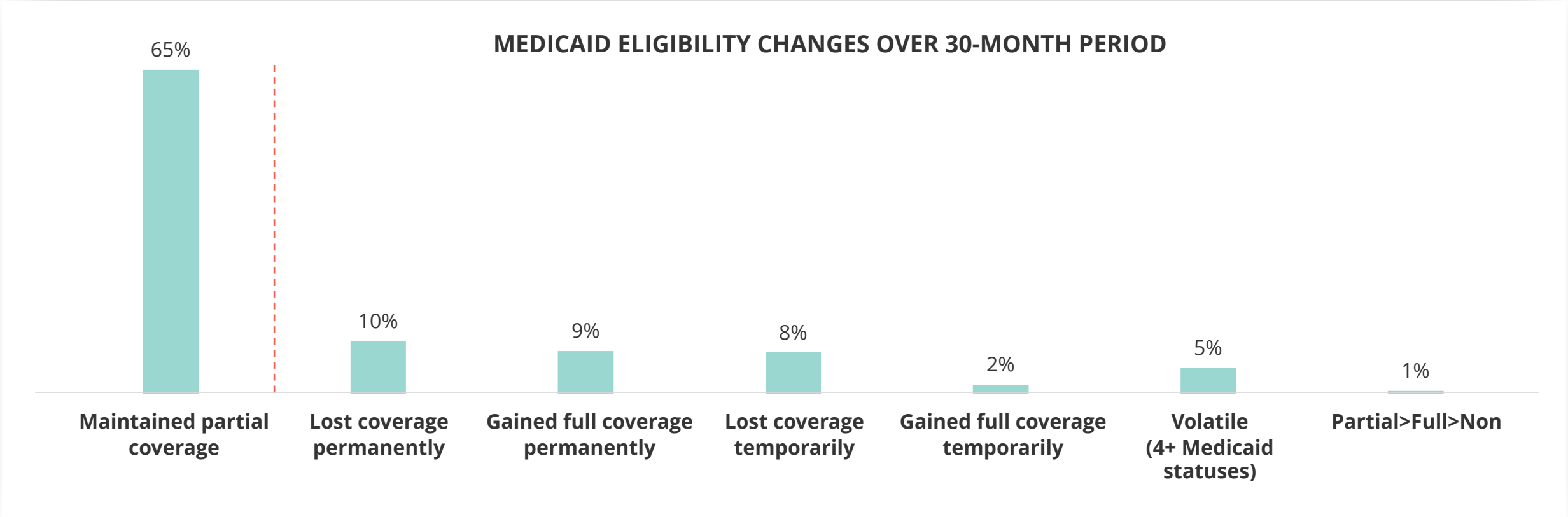
However, those with a combination of FFS and MA have the highest Medicaid churn.



Source(s): ATI Advisory analysis of 2020 Master Beneficiary Summary File.
Note(s): *For this analysis, an individual was considered as having a Medicaid status change if s/he shifted across Full, Partial, or Medicare-Only coverage. An individual moving within partial Medicaid eligibility categories (e.g., QMB-only to SLMB-only) was not counted as a status change. All beneficiaries in the full study sample were included.

One-third of Partial Duals Changed Coverage During the 30-month Study Period

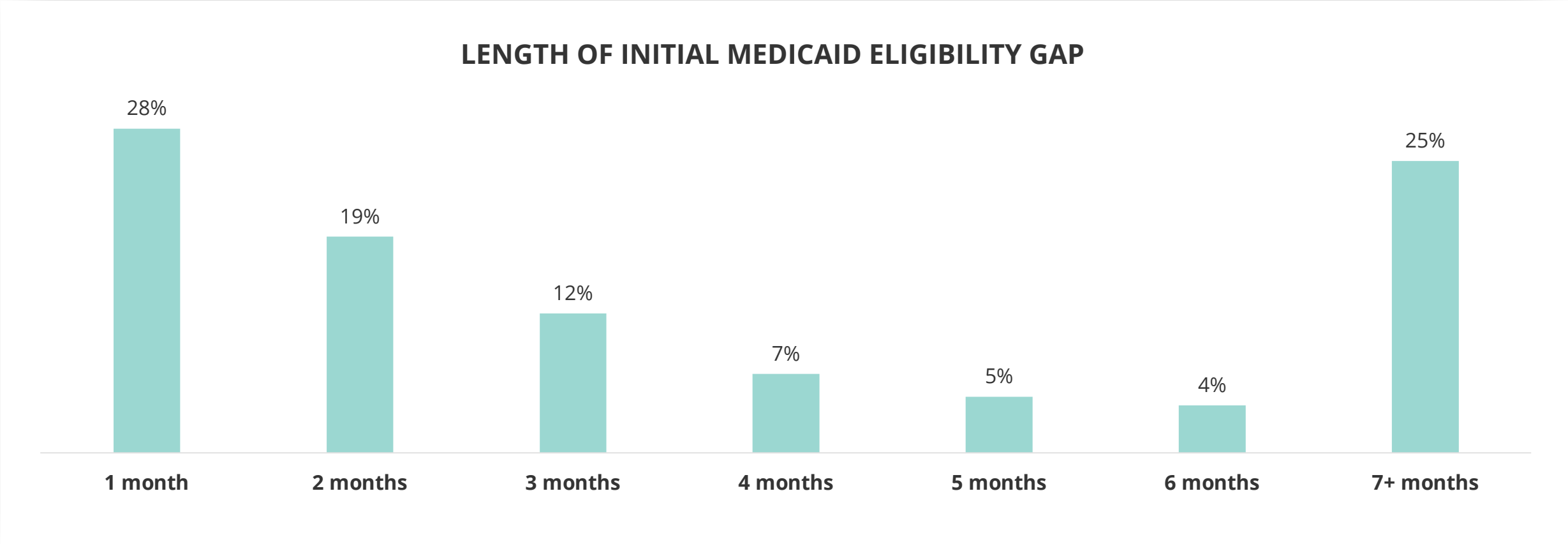
The most common coverage changes are to lose Medicaid coverage permanently* (10%) or gain full Medicaid coverage permanently (9%). About 14% of beneficiaries have temporary changes in Medicaid coverage that might be smoothed with a “deeming period.”



Source(s): ATI Advisory analysis of 2020 Master Beneficiary Summary File.
Note(s): *For this analysis, “permanently” means for the remainder of the 30-month study period. These individuals may have regained coverage at month 31+, but those data were not available for this study. All beneficiaries in the full study sample were included.

The Initial Loss of Medicaid Coverage Is Usually Less than Six Months

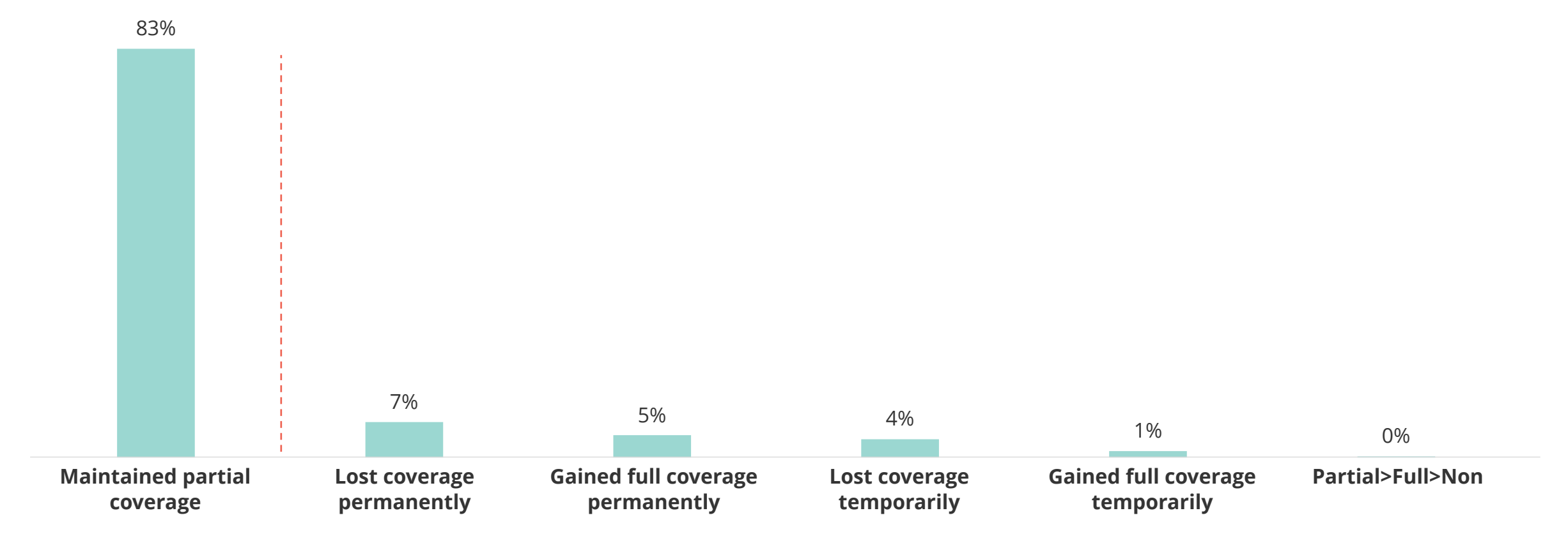
The majority (66%) of Partial Dual beneficiaries who lose Medicaid coverage regain their coverage in four months or less.



Source(s): ATI Advisory analysis of 2020 Master Beneficiary Summary File.
Note(s): All beneficiaries in the sample who began the study period as Partial Duals and then lost Medicaid at some point during the study were included.

Over a 12-month Period, 17% of Partial Duals Change Coverage

7% of beneficiaries lose coverage and do not regain it within the remainder of the 12-month period, another 5% transition to Full Dual status, 4% have temporary gaps in Medicaid coverage, and 1% gain full coverage temporarily.



Source(s): ATI Advisory analysis of 2020 Master Beneficiary Summary File.
Note(s): *For this analysis, “permanently” means for the remainder of the 12-month period. Individuals may have regained eligibility following the 12-month period. All beneficiaries who began the period as Partial Duals were included.



Reach Out to Us at:
info@ATIAdvisory.com



Visit Us at:
ATIAdvisory.com



Follow Us on:
[LinkedIn](https://www.linkedin.com/company/ati-advisory)