Technical Instructions to Utilize CMS Data on Dually Enrolled Beneficiaries

revised date: 10/03/2024

This document is intended for use by researchers/data analysts interested in using CMS data on individuals dually enrolled in Medicare and Medicaid, also known as dually eligible beneficiaries. The timeliest source of current data on beneficiaries' dual eligibility status comes from the State Medicare Modernization Act file, also called the "MMA File" (after the Medicare Prescription Drug Improvement and Modernization Act of 2003) or the State Phased-Down File.

There are several other sources which could be used to obtain data about dually eligible individuals:
- Transformed Medicaid Statistical Information System (T-MSIS)
- Data from T-MSIS Analytic Files (TAF)
- Medicare Current Beneficiary Survey (MCBS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Medicaid Enrollment Data

Method to Identify Dually Eligible Beneficiaries in CMS Data

1. Identifying Dual Eligibility using MMA file data[1]

   Identifying dually eligible beneficiaries begins with the timely transmission of data. The State MMA File includes all full-benefit and partial-benefit dually eligible beneficiaries in the state and also is used for operational purposes related to the administration of Part D benefits and determining eligibility for certain integrated health plans. Each state sends a comprehensive MMA file to CMS between the start and the end of the enrollment month including all known dually eligible beneficiaries and sends subsequent daily files (every business day) that include only file accretions, deletions, and changes in dual eligibility status. States also submit retroactive detail records that allow the state to report information on changes in beneficiaries circumstances that were effective in one or more prior months.

   Accessing the State MMA File Data

   The State MMA File data are housed and can be accessed as follows:

   a. ***Integrated Data Repository (IDR):*** Integrated Data Repository (IDR): In the IDR, the State MMA File data elements are sourced from the CME_DUAL_MDCR table in Beneficiary in the Cloud (BIC) and loaded in the BENE_DUAL_STUS table. The field for dual status code is BENE_DUAL_STUS_CD and the field CLNDR_MO_ELGBL_SK determines the Eligibility Year and Month for which the dual code status applies.

      More information including access to the IDR can be found at
      https://confluenceent.cms.gov/display/IDRCC/IDRC+Communications.

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[1] The State MMA File definition of dually eligible beneficiary implies simultaneous enrollment (in any given month) in both Medicaid and Medicare (Part A and/or Part B). Please note that, in some instances (e.g., demonstrations), it may be more appropriate for dually eligible beneficiaries to be defined more stringently according to co-enrollment (in any given month) in both Medicaid and Medicare Parts A and B. In this case, the analyst would need to develop an appropriate subset of the dually eligible beneficiaries' definition that has been provided in this document by limiting to certain dual status codes or other relevant criteria.

For inquiries, contact cmsidr_support@cms.hhs.gov.

b. ***Chronic Condition Warehouse (CCW):*** In the CCW database, the monthly State MMA File data elements are sourced from the CME_DUAL_MDCR table (as in the IDR). The CCW extracts data to create a standard enrollment data file available in the CCW Virtual Data Research Center (VRDC) called the Master Beneficiary Summary File (MBSF). Fields within the annual file (called the MBSF_ABCD_YYYY) are named as follows (with the numeric portion at the end of the variable corresponding to calendar month): DUAL_STUS_CD_01 through DUAL_STUS_CD_12.

More information for researchers interested in accessing and analyzing CCW data within the VRDC is available at https://www2.ccwdata.org/web/guest/about-vrdc.

2. **Types of Dually Eligible Beneficiaries Based on Benefits**

Dually eligible beneficiaries are typically classified according to the benefits that they are eligible to receive, which vary by income and assets at any given point in time. The seven types of dually eligible and their corresponding dual status code are listed below. For a full description of the dual eligibility categories, including eligibility requirements and coverage, please refer to the *Dually Eligible Individuals – Categories* document at https://www.cms.gov/medicare-medicaid-coordination/medicare-and-medicaid-coordination/medicare-medicaid-coordination-office/downloads/medicaremedicaidenrolleecategories.pdf.

3. **Classifying by Type of Dual Eligibility[2]**

When describing dually eligible beneficiaries, users typically define and present analyses separately for two subgroups: full-benefit and partial-benefit. Partial-benefit dually eligible beneficiaries do not have full Medicaid benefits. Their Medicaid coverage is limited to state payment of Medicare premiums and in some cases, Medicare cost-sharing for Individuals in the QMB-only group and those in the QMB-Plus group have state payment of Medicare cost-sharing for Medicare-covered services.

Therefore, depending on a project's goals, dually eligible individuals may be grouped using the numbers corresponding to the dual status numbers.

Dual Status Codes	Description	Full-Benefit	Partial-Benefit
01	**Qualified Medicare Beneficiaries (QMBs) without other Medicaid** (QMB-Only – also known as QMB "partial-benefit")		X
02	**QMBs with full-benefit Medicaid**	X	

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[2] Partial-benefit dually eligible individuals who also have Medicare Part B Immunosuppressive Drug (Part B-ID) coverage can be identified with the dual status codes of 01, 03, or 06 and the Medicare Part B enrollment reason code of "P" in CMS systems. Please reach out to MMCO for specific instructions on identification of MSP Part B-ID individuals in the IDR and CCW.

	(QMB-Plus – also known as QMB "full-benefit")			
03	**Specified Low-Income Medicare Beneficiaries (SLMBs) without other Medicaid** (SLMB-Only – also known as SLMB "partial-benefit")			X
04	**SLMBs with full-benefit Medicaid** (SLMB-Plus – also known as SLMB "full-benefit")		X	
05	**Qualified Disabled and Working Individuals** (QDWIs – also known as QDWI "partial benefit")			X
06	**Qualifying Individuals (QIs)**			X
08	**Full-benefit Medicaid**		X	

4. **Determining "Ever enrolled" (in a Given Year) from the Monthly State MMA File Codes**

Since the data from the State MMA File is monthly data, users who wish to present annual information will need a decision matrix for deciding whether and how to classify persons as dually eligible. MMCO has developed an algorithm for creating a variable called "Ever-enrolled" (in a given year). For instructions on how to calculate this value, see: https://www.cms.gov/files/document/medicaremedicaiddualenrollmenteverenrolledtrends databrief.pdf, page 21.

 Users may access historical "Ever-enrolled" trends on the MMCO Statistical & Analytic Reports page.