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analysis to advance the health of vulnerable populations

New Medicare-Medicaid Enrollees in Maryland: Demographic and Programmatic Characteristics

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Demographic and Programmatic Characteristics**

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New Medicare-Medicaid Enrollees in Maryland: Demographic and Programmatic Characteristics

Introduction

Medicare-Medicaid enrollees (enrollees)¹ are individuals who receive benefits from both Medicare and Medicaid; as such, they are typically older adults and/or individuals with disabilities who have low incomes. There were approximately 8.9 million enrollees in 2007. This is a vulnerable population: approximately 41 percent are under age 65 and disabled, 14 percent are aged 85 years or older, and 48 percent have incomes below the federal poverty level (FPL) (Rousseau et al., 2010; MedPAC, 2008). Further, enrollees are more likely than non-enrollees to have higher rates of diabetes, stroke, and Alzheimer's disease; be institutionalized; have more limitations in activities of daily living; and report poorer health status (MedPAC, 2008).

Enrollees generate a disproportionate share of costs for both the Medicare and Medicaid programs. Although only 18 percent of Medicare beneficiaries in 2007 were enrollees, they accounted for 31 percent of Medicare fee-for-service (FFS) spending during the year (MedPAC, 2008). Similarly, although they made up approximately 15 percent of Medicaid enrollees in fiscal year (FY) 2007, enrollees accounted for 39 percent of Medicaid spending during the year (Rousseau et al., 2010).

Enrollees become enrolled in both Medicare and Medicaid through a variety of pathways. For example, individuals under age 65 with disabilities may have incomes low enough to qualify for Medicaid; if they receive Social Security Disability Insurance (SSDI) benefits, they become eligible for Medicare after a two-year waiting period. Adults without disabilities typically qualify for Medicare when they turn 65. Among this group, individuals with sufficiently low incomes may automatically qualify for full Medicaid benefits or have substantial medical expenditures that qualify them for full Medicaid eligibility. In Maryland, individuals who qualify for Supplemental Security Income (SSI), an income support program for persons with disabilities or older adults with very low incomes and few resources, are automatically eligible for full Medicaid benefits without submitting a separate application. Other Medicare beneficiaries with higher incomes may qualify for programs through which Medicaid helps low-income beneficiaries pay Medicare premiums, co-payments, or deductibles, but which do not offer full Medicaid coverage.

Recently, the Centers for Medicare & Medicaid Services (CMS) Medicare-Medicaid Coordination Office commissioned a literature review to identify the different pathways to Medicare-Medicaid enrollment overall and for various subgroups, and to document the types of services and supports that are most effective in delaying or preventing functional decline and/or

¹ Previously referred to as dually eligibles, or duals.



poverty that may ultimately lead to enrollment in both programs (Woodcock, Cannon-Jones, Tripp, & Holt, 2011). However, Woodcock and colleagues (2011) were unable to find “scholarly literature, analyses, or case studies on the pathways individuals take to Medicare-Medicaid eligibility” or “any published data on how many Medicare-Medicaid enrollees became eligible first for Medicare and then Medicaid, or the reverse, and the precipitating conditions or events that led to Medicare-Medicaid eligibility” (p. 15).

This current study—which is exploratory and descriptive in nature, focusing specifically on new Medicare-Medicaid enrollees in Maryland and the circumstances that shaped their initial eligibility for both programs—is an attempt to begin to address several of the gaps identified in the earlier literature review. This report details the demographic and programmatic characteristics of new enrollees. Specifically, it serves as the vehicle for establishing an initial operational definition of new enrollees and developing the terminology needed to describe the circumstances surrounding initial Medicare-Medicaid eligibility.

Methodology

For this initial analysis of new enrollees, Hilltop used Medicare and Medicaid enrollment data to identify new enrollees and characterize their demographic and programmatic characteristics. Our definition of enrollee includes 1) persons who receive Medicare and full Medicaid benefits and 2) persons who receive Medicare and “partial” Medicaid benefits in the form of assistance with premiums, co-payments, and deductibles. Because this is an exploratory analysis that addresses a novel study population, Hilltop focused on new enrollees in a single year: 2008.

Data Sources

The three sources of data for this report are the Medicare Modernization Act (MMA) State File, Maryland’s Medicaid Eligibility and Recipient Files, and Medicare Beneficiary Summary Files. Each of these sources is described more fully below.

MMA State File

The MMA State File (also known as the MMA Medicare/Medicaid Dual Eligible Monthly File) is produced on a monthly basis by each state to meet the data collection needs of CMS under the MMA. Each month, the state submits to CMS a listing of its enrollees, both full and partial. CMS returns the file to the state after appending extensive Medicare program enrollment information, including enrollment dates for Medicare Parts A, B, C, and D; dates of coverage for end-stage renal disease (ESRD); low-income subsidy status; and assignment to Medicare Part D plans. The MMA State File was initiated in August of 2005.



Maryland's Medicaid Eligibility and Recipient Files

The Medicaid Eligibility File contains dates of Medicaid eligibility and coverage group information for all Maryland Medicaid enrollees. Each Medicaid enrollee's coverage group reflects the specific eligibility criteria under which he or she qualified for Maryland Medicaid benefits. This file is structured to contain one record per person per coverage group. The Medicaid Recipient File contains basic demographic, contact, and identifier information for Maryland Medicaid enrollees. This file was also used to obtain date of death information for enrollees.

Medicare Beneficiary Summary Files

Medicare Beneficiary Summary Files contain demographic and Medicare enrollment data for Maryland enrollees in a given calendar year. Although these files include many of the same data elements that are appended by CMS to the MMA State File, the data may differ slightly because the Beneficiary Summary Files are "frozen" three months after the given calendar year. These files were used primarily to augment date of death information from the Medicaid Recipient File.

Definition of a New Enrollee

For the purposes of this study, Hilltop defined a new enrollee as a beneficiary who received either partial or full Medicaid benefits in calendar year (CY) 2008, but did not have evidence of simultaneous Medicare/Medicaid enrollment in 2006 or 2007.

Demographic and Programmatic Characteristics

Several of the demographic and programmatic characteristics Hilltop used to describe new enrollees in this study are described more fully below.

Initial Enrollee Status

The initial enrollee status reflects the value of the Dual Status Code variable for each enrollee in his or her initial month of enrollment for a given year. The Dual Status Code variable is obtained from the MMA State File and signifies whether the enrollee has full or partial Medicaid benefits under the Medicare Savings Program.

Enrollees who are designated by Medicare as Qualified Medicare Beneficiaries (QMBs) have incomes that are less than 100 percent of the FPL. QMBs who receive SSI or have incomes at or below Maryland's Medicaid eligibility requirements receive a Medicaid card and are entitled to full Medicaid benefits. These individuals are identified in this report as "QMB full."

Medicare QMBs who do not qualify for full Medicaid benefits are eligible for Medicaid coverage of their Medicare Part B premiums and Medicare deductibles and copayments. The



Maryland Medicaid Program issues a QMB card to these individuals, who are identified in this report as “QMB only.”

Enrollees with incomes between 100 and 120 percent of the FPL are designated by Medicare as Specified Low-Income Medicare Beneficiaries (SLMBs), whereas enrollees with incomes between 120 and 135 percent of the FPL are designated as Qualified Individuals (QIs). The Maryland Medicaid program pays Part B premiums for SLMBs and QIs, but does not cover deductibles or copayments. Enrollees who receive SSDI benefits and return to work, but have incomes up to 200 percent of the FPL, are designated as Qualified Disabled Working Individuals (QDWIs). The Maryland Medicaid program pays QDWI recipients’ Part A premiums if they choose to purchase Medicare Part A. Since the benefit does not cover any medical services, SLMB, QI, and QDWI recipients do not receive a coverage card from Maryland Medicaid. In this report, these individuals are identified as “SLMB only” and “QI/QDWI only.”

Finally, although they may have relatively higher incomes than other Medicaid recipients with full benefits, enrollees designated as “Other full” receive full Medicaid benefits because they qualify for Medicaid coverage through eligibility for a home and community-based services waiver program, entry into an institution, high medical expenses, or another Medicaid eligibility pathway.

Table 1, below, identifies the Medicare Savings Program categories and income and asset limits associated with eligibility for each.

Table 1. Medicare Savings Program Eligibility Pathways and Medicaid Benefits

Classification	Medicaid Benefits	Income and Asset Limits
Qualified Medicare Beneficiary (QMB)	Medicare Part B premiums and cost sharing	Income: up to 100 percent of the FPL (\$867/month for one person; \$1167/month for a couple in 2008) Asset limit: \$5,000 (individual); \$6,000 (couple) in 2008
Specified Low-income Medicare Beneficiary (SLMB)	Medicare Part B premium	Income: 100-120 percent of the FPL Asset limit: \$5,000 (individual); \$6,000 (couple) in 2008
Qualified Individual (QI)	Medicare Part B premium	Income: 120-135 percent of the FPL Asset limit: \$5,000 (individual); \$6,000 (couple) in 2008
Qualified Disabled Working Individual (QDWI)	Medicare Part A premium B)	Income: 200 percent of the FPL Asset limit: None

Sources: Kaiser Family Foundation, 2010; Social Security Administration, 2011.



Initial Coverage Group

The Medicaid coverage group indicator (obtained from the Medicaid Eligibility File) describes how Medicaid enrollees qualified for benefits (Maryland Department of Health and Mental Hygiene, 2010). Maryland’s Medicaid Management Information System (MMIS2) includes a total of 68 coverage groups that are categorized into 11 “tracks.” Each coverage group within a track has the same basic eligibility criteria and/or shares a common characteristic. For this study, Hilltop defined the initial coverage group as the assigned coverage group that was closest in time to the date of each enrollee’s initial Part A coverage. (If the initial Part A coverage date was missing, Hilltop used the initial Part B coverage date.)

Age

Each enrollee’s age was calculated as of the first day of his or her initial month of Medicare-Medicaid enrollment for a given year. The age categorizations used in this report are purposely narrow in an effort to identify more fully any effects of age on simultaneous enrollment in Medicare and Medicaid.

Poverty Status

The poverty status indicator is obtained from the MMA State File and reflects whether the enrollee had income values at or below 100 percent of the FPL in the initial month of Medicare-Medicaid enrollment for a given year.

Institutional Indicator

The institutional indicator is obtained from the MMA State File and reflects whether the enrollee was institutionalized in a nursing facility, intermediate care facility for individuals with mental retardation, or inpatient psychiatric hospital for the entire span of eligibility in the initial month of Medicare-Medicaid enrollment for a given year.

Eligibility for Medicare Due to Disability

The eligibility due to disability indicator is based on dates of entitlement to Medicare benefits for individuals covered by SSDI, as documented in the MMA State File. This indicator reflects whether an enrollee was eligible for Medicare due to disability at some point during a given year (but not necessarily that the enrollee first became eligible for Medicare due to disability within that given year).

Eligibility for Medicare Due to End-Stage Renal Disease

The eligibility due to end stage renal disease (ESRD) indicator is based on dates of entitlement to Medicare benefits for individuals diagnosed with ESRD, as documented in the MMA State File.



This indicator reflects whether an enrollee was eligible for Medicare due to ESRD at some point during a given year (but not necessarily that the enrollee first became eligible for Medicare due to ESRD within that given year). Note that, unlike individuals with most other disabling conditions, people with ESRD do not have to wait two years before becoming eligible for Medicare benefits.

Pathway to Medicare-Medicaid Enrollment

The pathway to Medicare-Medicaid enrollment indicator reflects the two main pathways to Medicare-Medicaid enrollment identified by Woodcock et al. in their 2011 literature review. In the first pathway (*Medicaid-to-Medicare*), the enrollee qualifies for Medicaid first and subsequently becomes eligible for Medicare, either by aging into the program or fulfilling the two-year waiting period after qualifying for SSDI. In the second pathway (*Medicare-to-Medicaid*), the enrollee qualifies for Medicare first and subsequently becomes eligible for full or partial Medicaid coverage, due to low income, high medical expenses, or need for institutional care.

A third pathway, in which new enrollees *simultaneously* become eligible for Medicare and either full or partial Medicaid benefits, is also reflected in this indicator. Values for this indicator are derived from dates of eligibility from the Medicaid Eligibility File and the date of initial Part A coverage from the MMA State File.

Continuity of Enrollee Status

The continuity indicator is derived from the monthly Dual Status Codes in the MMA State File. Hilltop constructed this indicator by first developing a set of indicators that reflects monthly Medicare-Medicaid enrollment (no enrollment, full benefits, or partial benefits) in order to examine patterns of enrollment for the 12-month period of 2008. Then, 70 distinct patterns of Medicare-Medicaid enrollment among Maryland enrollees in 2008 were collapsed into 12 categories to reflect each enrollee's continuity of enrollment during the year. Specifically, seven categories reflect no loss of Medicare-Medicaid enrollment status during the year, and five categories reflect some loss of Medicare-Medicaid enrollment status during the year. For this report, individuals who died during 2008 are excluded from the continuity of enrollment count.

Results

Hilltop identified 110,565 individuals who simultaneously received both Medicare and Medicaid benefits in Maryland at some point during CY 2008. Of these, 15,654 (14.2 percent) were defined as new enrollees.



Demographic and Programmatic Characteristics

The demographic characteristics of all, new, and continuing enrollees in Maryland in 2008 are shown below in Table 2. Overall, 63.7 percent of all enrollees were women; however, women accounted for a slightly lower percentage (60.6 percent) of new enrollees. A higher percentage (19 percent) of new enrollees than continuing (non-new) enrollees (16.1 percent) were under age 45. A lower percentage (14.3 percent) of new enrollees than continuing enrollees (19.3 percent) were between the ages of 67 and 74. A lower percentage (14.7 percent) of new enrollees than continuing enrollees (21.4 percent) were between the ages of 75 and 84. However, as expected, compared with continuing enrollees, a substantially higher percentage of new enrollees were aged 64 and 65, reflecting the fact that adults typically begin receiving Medicare benefits at age 65. Relatively more new enrollees had a racial designation of other/unknown than continuing enrollees, although the percentages of Blacks in the two groups were similar. More new enrollees had incomes above 100 percent of the FPL compared with continuing enrollees (28.3 percent vs. 19.4 percent). Finally, as expected given the age distribution of new enrollees, a smaller percentage of new enrollees died during 2008, compared with continuing enrollees (4.3 percent vs. 7.2 percent).

Table 2. Demographic Characteristics of All, New, and Continuing Enrollees in Maryland, 2008

	All Enrollees		New Enrollees		Continuing Enrollees	
	Number	Percentage	Number	Percentage	Number	Percentage
Total	110,565	100.0	15,654	100.0	94,911	100.0
Sex						
Male	40,167	36.3	6,173	39.4	33,994	35.8
Female	70,398	63.7	9,481	60.6	60,917	64.2
Age						
< 45	18,285	16.5	2,972	19.0	15,313	16.1
45-54	15,625	14.1	2,288	14.6	13,337	14.1
55-63	11,967	10.8	1,711	10.9	10,256	10.8
64	2,160	2.0	1,145	7.3	1,015	1.1
65	2,989	2.7	829	5.3	2,160	2.3
66	2,714	2.5	382	2.4	2,332	2.5
67-74	20,562	18.6	2,241	14.3	18,321	19.3
75-84	22,635	20.5	2,294	14.7	20,341	21.4
85-94	11,871	10.7	1,576	10.1	10,295	10.9
95+	1,757	1.6	216	1.4	1,541	1.6



Table 2 continued. Demographic Characteristics of All, New, and Continuing Enrollees in Maryland, 2008

	All Enrollees		New Enrollees		Continuing Enrollees	
	Number	Percentage	Number	Percentage	Number	Percentage
Black	44,169	40.0	6,271	40.1	37,898	39.9
Other/unknown	16,169	14.6	2,803	17.9	13,366	14.1
Poverty Status						
At/below 100% FPL	87,744	79.4	11,228	71.7	76,516	80.6
Above 100% FPL	22,821	20.6	4,426	28.3	18,395	19.4
Died during Year						
No	103,092	93.2	14,982	95.7	88,110	92.8
Yes	7,473	6.8	672	4.3	6,801	7.2

Programmatic characteristics of all, new, and continuing enrollees in Maryland in 2008 are outlined in Table 3. Approximately 42 percent of new enrollees in 2008 were enrolled in the Medicaid program prior to enrolling in Medicare, approximately 56 percent were enrolled in Medicare prior to enrolling in Medicaid, and 2.5 percent enrolled in both programs at the same time.

Of the new enrollees, 67 percent received full Medicaid benefits in their first month of dual enrollment (the QMB full group and the Other full group), and the remaining 33 percent received partial Medicaid benefits (the QMB only, SLMB only, and QI/QWDI only groups). Compared with the continuing enrollees, substantially more of the new enrollees were included in the Other full group during the first month of dual enrollment in 2008 (15.4 percent vs. 7.6 percent). Similarly, compared with the continuing enrollees, substantially more new enrollees were institutionalized during their initial month of dual enrollment in 2008 (21.0 percent vs. 15.5 percent). Approximately 4 percent of new enrollees were eligible for Medicare benefits due to a diagnosis of ESRD, and 48.5 percent were eligible due to disability.



Table 3. Programmatic Characteristics of All, New, and Continuing Enrollees in Maryland, 2008

	All Enrollees		New Enrollees		Continuing Enrollees	
	Number	Percentage	Number	Percentage	Number	Percentage
Total	110,565	100.0	15,654	100.0	94,911	100.0
Initial Enrollee Status						
QMB only	22,222	20.1	2,940	18.8	19,282	20.3
QMB full	65,098	58.9	8,081	51.6	57,017	60.1
SLMB only	9,390	8.5	1,437	9.2	7,953	8.4
QI/QWDI only	4,259	3.9	784	5.0	3,475	3.7
Other full	9,596	8.7	2,412	15.4	7,184	7.6
Institutional Indicator						
No	92,564	83.7	12,370	79.0	80,194	84.5
Yes	18,001	16.3	3,284	21.0	14,717	15.5
Eligibility for Medicare Due to ESRD						
No	107,195	97.0	15,048	96.1	92,147	97.1
Yes	3,370	3.1	606	3.9	2,764	2.9
Eligibility for Medicare Due to Disability						
No	54,809	49.6	8,068	51.5	46,741	49.3
Yes	55,756	50.4	7,586	48.5	48,170	50.8
Pathway to Medicare-Medicaid Enrollment						
Medicaid first	40,233	36.4	6,584	42.1	33,649	35.5
Medicare first	67,850	61.4	8,683	55.5	59,167	62.3
Medicare/Medicaid at same time	2,482	2.2	387	2.5	2,095	2.2

Table 4 shows additional demographic and programmatic characteristics of new enrollees according to age. As expected, a significant majority of the individuals who became enrollees at age 65 or later received Medicare first and then became eligible for Medicaid. The opposite was true for individuals who became enrollees at aged 64 or younger: The majority of this group received Medicaid first and later became eligible for Medicare. Enrollees in the oldest age groups (i.e., individuals aged 75 and older) were much more likely than other age groups to be living in an institution at the time they became enrollees. Among persons aged 85 to 94 years and 95 years or older, 69.1 percent and 74.5 percent, respectively, were living in institutions when they became enrollees. The youngest new enrollees have a substantially higher proportion of men than the oldest new enrollees. Similarly, there is a relatively higher percentage of Blacks among new enrollees under age 65 than among enrollees older than 65. Income levels greater than 100 percent of the FPL are much more common among older new enrollees, as is residence in institutional settings.



Table 4. Characteristics of New Enrollees by Age, Maryland, 2008

	< 45		45-54		55-63		64		65		66		67-74		75-84		85-94		95+		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Total	2,972	100.0	2,288	100.0	1,711	100.0	1,145	100.0	829	100.0	382	100.0	2,241	100.0	2,294	100.0	1,576	100.0	216	100.0	
Sex																					
Male	1,474	49.6	1,101	48.1	723	42.3	419	36.6	328	39.6	161	42.1	877	39.1	749	32.7	317	20.1	24	11.1	
Female	1,498	50.4	1,187	51.9	988	57.7	726	63.4	501	60.4	221	57.9	1,364	60.9	1,545	67.3	1,259	79.9	192	88.9	
Race																					
White	1,303	43.8	951	41.6	677	39.6	453	39.6	272	32.8	129	33.8	801	35.7	1,013	44.2	855	54.3	126	58.3	
Black	1,407	47.3	1,166	51.0	840	49.1	502	43.8	332	40.0	137	35.9	813	36.3	696	30.3	335	21.3	43	19.9	
Other/Unknown	262	8.8	171	7.5	194	11.3	190	16.6	225	27.1	116	30.4	627	28.0	585	25.5	386	24.5	47	21.8	
Eligibility for Medicare Due to Disability	2,841	95.6	2,193	95.8	1,648	96.3	131	11.4	109	13.1	61	16.0	349	15.6	176	7.7	76	4.8	2	0.9	
Eligibility for Medicare Due to ESRD	158	5.3	148	6.5	121	7.1	17	1.5	10	1.2	12	3.1	66	2.9	56	2.4	15	1.0	3	1.4	
Poverty Status																					
At/Below 100% FPL	2,661	89.5	1,860	81.3	1,214	71.0	972	84.9	652	78.6	271	70.9	1,479	66.0	1,236	53.9	772	49.0	111	51.4	
Above 100% FPL	311	10.5	428	18.7	497	29.0	173	15.1	177	21.4	111	29.1	762	34.0	1,058	46.1	804	51.0	105	48.6	
Institutional Indicator	58	2.0	108	4.7	193	11.3	69	6.0	58	7.0	40	10.5	437	19.5	1,071	46.7	1,089	69.1	161	74.5	
Died during Year	21	0.7	50	2.2	49	2.9	25	2.2	17	2.1	15	3.9	93	4.1	179	7.8	180	11.4	43	19.9	
Pathway to Medicare-Medicaid Enrollment																					
Medicaid first	2,284	76.9	1,428	62.4	990	57.9	914	79.8	271	32.7	92	24.1	413	18.4	165	7.2	26	1.6	1	0.5	
Medicare first	673	22.6	831	36.3	695	40.6	88	7.7	521	62.8	282	73.8	1,735	77.4	2,100	91.5	1,544	98.0	214	99.1	
Medicare/Medicaid at same time	15	0.5	29	1.3	26	1.5	143	12.5	37	4.5	8	2.1	93	4.1	29	1.3	6	0.4	1	0.5	



Demographic and programmatic characteristics of new enrollees according to pathway to Medicare-Medicaid enrollment are shown in Table 5. As expected, age is highly associated with pathway; individuals under age 65 are more likely to become enrollees through the Medicaid-to-Medicare pathway. Also, men, Blacks, individuals at or below 100 percent of the FPL, and people eligible for Medicare due to disability are more likely to become enrollees through the Medicaid-to-Medicare pathway. Conversely, individuals residing in institutions in the first month of enrollment are more likely to become enrollees through the Medicare-to-Medicaid pathway. Nearly two-thirds of enrollees who qualify first for Medicare are women, and nearly three-fourths are age 65 or older.

Table 5. Demographic and Programmatic Characteristics of New Enrollees by Pathway to Medicare-Medicaid Enrollment, Maryland, 2008

	Medicaid first		Medicare first		Medicare/Medicaid at same time	
	Number	Percentage	Number	Percentage	Number	Percentage
Total	6,584	100.0	8,683	100.0	387	100.0
Sex						
Male	2,814	42.7	3,229	37.2	130	33.6
Female	3,770	57.3	5,454	62.8	257	66.4
Age						
< 45	2,284	34.7	673	7.8	15	3.9
45-54	1,428	21.7	831	9.6	29	7.5
55-63	990	15.0	695	8.0	26	6.7
64	914	13.9	88	1.0	143	37.0
65	271	4.1	521	6.0	37	9.6
66	92	1.4	282	3.2	8	2.1
67-74	413	6.3	1,735	20.0	93	24.0
75-84	165	2.5	2,100	24.2	29	7.5
85-94	26	0.4	1,544	17.8	6	1.6
95+	1	0.0	214	2.5	1	0.3
Race						
White	2,562	38.9	3,881	44.7	137	35.4
Black	3,206	48.7	2,968	34.2	97	25.1
Other/Unknown	816	12.4	1,834	21.1	153	39.5
Eligibility for Medicare Due to Disability	4,601	69.9	2,915	33.6	70	18.1
Eligibility for Medicare Due to ESRD	308	4.7	290	3.3	8	2.1
Poverty Status						
At/below 100% FPL	5,716	86.8	5,186	59.7	326	84.2
Above 100% FPL	868	13.2	3,497	40.3	61	15.8



Table 5 continued. Demographic and Programmatic Characteristics of New Enrollees by Pathway to Medicare-Medicaid Enrollment, Maryland, 2008

	Medicaid first		Medicare first		Medicare/Medicaid at same time	
	Number	Percentage	Number	Percentage	Number	Percentage
Institutional Indicator	284	4.3	2,992	34.5	8	2.1
Died during Year	130	2.0	535	6.2	7	1.8

Table 6 shows the demographic and programmatic characteristics of new enrollees according to initial enrollee status. The age distribution of new enrollees who initially received partial Medicaid benefits is relatively uniform, except in the oldest age groups. QMBs receiving full Medicaid benefits are more likely to be aged 45 or younger than individuals in other categories. Conversely, those with Other full Medicaid benefits (i.e., individuals with higher income levels who qualify for Medicaid due to high medical expenses or need for institutional care) are more likely to be 75 years or older. As expected, this group is composed primarily of individuals with incomes above the FPL and people who are institutionalized.

Table 6. Demographic and Programmatic Characteristics of New Enrollees by Initial Enrollee Status, Maryland, 2008

	QMB only		SLMB only		QI/QWDI only		Full Medicaid (QMB)		Other Full Medicaid	
	N	%	N	%	N	%	N	%	N	%
Total	2,940	100.0	1,437	100.0	784	100.0	8,081	100.0	2,412	100.0
Sex										
Male	1,177	40.0	593	41.3	318	40.6	3,177	39.3	908	37.6
Female	1,763	60.0	844	58.7	466	59.4	4,904	60.7	1,504	62.4
Age										
< 45	437	14.9	152	10.6	62	7.9	2,142	26.5	179	7.4
45-54	497	16.9	239	16.6	111	14.2	1,281	15.9	160	6.6
55-63	393	13.4	244	17.0	112	14.3	793	9.8	169	7.0
64	205	7.0	87	6.1	39	5.0	760	9.4	54	2.2
65	301	10.2	83	5.8	58	7.4	350	4.3	37	1.5
66	120	4.1	52	3.6	35	4.5	151	1.9	24	1.0
67-74	571	19.4	292	20.3	180	23.0	902	11.2	296	12.3
75-84	293	10.0	216	15.0	140	17.9	942	11.7	703	29.1
85-94	109	3.7	65	4.5	44	5.6	663	8.2	695	28.8
95+	14	0.5	7	0.5	3	0.4	97	1.2	95	3.9
Race										
White	1,126	38.3	645	44.9	344	43.9	3,212	39.7	1,253	51.9
Black	1,293	44.0	608	42.3	338	43.1	3,347	41.4	685	28.4
Other/Unknown	521	17.7	184	12.8	102	13.0	1,522	18.8	474	19.7



Table 6 continued. Demographic and Programmatic Characteristics of New Enrollees by Initial Enrollee Status, Maryland, 2008

	QMB only		SLMB only		QI/QWDI only		Full Medicaid (QMB)		Other Full Medicaid	
	N	%	N	%	N	%	N	%	N	%
Eligibility for Medicare Due to Disability	1,503	51.1	766	53.3	370	47.2	4,257	52.7	690	28.6
Eligibility for Medicare Due to ESRD	71	2.4	42	2.9	26	3.3	357	4.4	110	4.6
Poverty Status										
At/below 100% FPL	2,940	100.0	0	0.0	0	0.0	8,081	100.0	207	8.6
Above 100% FPL	0	0.0	1,437	100.0	784	100.0	0	0.0	2,205	91.4
Institutional Indicator	2	0.1	0	0.0	0	0.0	1,329	16.4	1,953	81.0
Died during Year	56	1.9	34	2.4	17	2.2	279	3.5	286	11.9

Table 7 shows the Medicaid coverage groups at the time of initial Medicare-Medicaid enrollment (Maryland Department of Health and Mental Hygiene, 2009). Note that the category descriptors from the Maryland MMIS2 coverage groups do not intuitively correspond to the initial dual status codes from the MMA State File. Nearly one-fourth (24.7 percent) of new enrollees automatically qualified for full Medicaid benefits due to their eligibility for SSI (Category S02) in the community. These individuals with very low incomes did not apply separately for Medicaid, but became entitled to Medicaid through their eligibility for a federal income support program. Approximately one-fifth (20.8 percent) of new enrollees qualified for Medicaid because their incomes were insufficient to meet the entire cost of a long-term care facility (Category L98). The remaining new enrollees were spread among several Medicaid categories, including 12.3 percent who met Medicaid community medically needy standards (Category S98), nearly 6 percent who qualified under a community spend-down category (S99), and approximately 7 percent who qualified under categories covering parents and children.

Table 7. Medicaid Coverage Group at Initial Medicare-Medicaid Enrollment, New Enrollees in Maryland, 2008

Coverage Group	Number	Percentage
Aged, Blind, Disabled: Medicare Savings Program	10,915	69.7
S01: Public Assistance to Adults (PAA)	163	1.0
S02: SSI Recipients	3,866	24.7
S03: <i>Qualified Medicare Beneficiary (QMB)</i>	1,847	11.8
S07: <i>SLMB group I</i>	985	6.3
S08: <i>SLMB/MPAP</i>	58	0.4
S10: <i>QMB and Maryland Pharmacy Assistance Program (MPAP)</i>	189	1.2
S13: <i>Employed Individuals with Disabilities</i>	88	0.6
S14: <i>SLMB group II</i>	566	3.6



Table 7 continued. Medicaid Coverage Group at Initial Medicare-Medicaid Enrollment, New Enrollees in Maryland, 2008

Coverage Group	Number	Percentage
<i>S15: SLMB group III</i>	33	0.2
<i>S16: Maryland Pharmacy Discount Program</i>	261	1.7
S98: Aged, Blind and Disabled (ABD) - Med Needy	1,922	12.3
S99: ABD – Spend-Down	929	5.9
Aged, Blind, Disabled: Long-Term Care	3,308	21.1
L01: SSI Recipient in Long-Term Care	45	0.3
L98: ABD Long-Term Care	3,263	20.8
Families and Children	1,079	6.9
F01: Temporary Cash Assistance (TCA) Recipients	261	1.7
F02: Post-TCA: Earnings Extension	45	0.3
F03: Post-TCA: Support Extension	6	0.0
F05: Section 1931 Eligible - Non-Cash	446	2.9
F98: Families and Children(FAC) Med Needy Non-Spend-Down	132	0.8
F99: FAC - Med Needy Spend-Down	189	1.2
HCBS Waivers/PACE	192	1.2
H01: Home and Community-Based Services Waiver	192	1.2
All Other Coverage Groups	168	1.0

Note: The italicized categories are partial Medicaid; the categories in regular font are full Medicaid.

Temporal Patterns of Medicare-Medicaid Enrollment

As shown in Table 8, 83 percent of individuals who became enrollees through the Medicare-to-Medicaid pathway had Medicare coverage for at least two years prior to enrolling in Medicaid. On the other hand, 56.8 percent of individuals who became enrollees through the Medicaid-to-Medicare pathway had Medicaid coverage for more than two years prior to Medicare enrollment, and 15.7 percent had Medicaid coverage for less than six months prior to Medicare enrollment.

Among individuals in the Medicare-to-Medicaid pathway, the time until Medicaid coverage for the different Medicaid coverage groups did not differ substantially from the overall time until enrollment, except for individuals in the Other full group. However, of people in the Medicaid-to-Medicare pathway, approximately 30 percent of SLMBs and 24 percent of QI/QWDIs enrolled in Medicare less than six months after Medicaid enrollment (see Table 8).



Table 8. Time until Medicare-Medicaid Enrollment by Pathway and Initial Enrollee Status, New Enrollees in Maryland, 2008

Initial Enrollee Status	Medicare-to-Medicaid Pathway: Time from Medicare to Medicaid Coverage						Medicaid-to-Medicare Pathway: Time from Medicaid to Medicare Coverage					
	Less than 6 months		6 months to 2 years		More than 2 years		Less than 6 months		6 months to 2 years		More than 2 years	
	N	%	N	%	N	%	N	%	N	%	N	%
QMB only	219	11.8	315	17.0	1,316	71.1	161	16.9	312	32.7	480	50.4
QMB full	210	6.5	360	11.1	2,685	82.5	615	13.3	1,184	25.5	2,838	61.2
SLMB only	61	6.4	115	12.1	777	81.5	135	29.9	135	29.9	181	40.1
QI/QWDI only	34	5.9	82	14.2	460	79.9	44	23.8	47	25.4	94	50.8
Other full	16	0.8	67	3.3	1,966	95.9	79	22.1	131	36.6	148	41.3
Total	540	6.2	939	10.8%	7,204	83.0	1,034	15.7	1,809	27.5	3,741	56.8

The continuity of enrollee status among new enrollees is shown in Table 9. Overall, 92.2 percent of new enrollees who did not die during the year kept their enrollment status once they had it. Among these, most consistently received *either* full or partial Medicaid benefits; however, a few (n=356, 2.6 percent) received *both* full and partial Medicaid benefits during the year. Similarly, among individuals who lost enrollee status at some point during the year, most consistently received *either* full or partial Medicaid benefits.

Table 9. Continuity of Enrollee Status among New Enrollees Who Did Not Die, Maryland, 2008

	Number	Percentage
No loss of enrollee status during year	13,817	92.2
Full enrollee all year	603	4.0
Full enrollee part of year	8,163	54.5
Partial enrollee all year	302	2.0
Partial enrollee part of year	4,393	29.3
Converted from full to partial enrollee	171	1.1
Converted from partial to full enrollee	150	1.0
Back and forth between full and partial	35	0.2
Lost enrollee status at some point during year	1,165	7.8
Full enrollee until lost	682	4.6
Partial enrollee until lost	157	1.1
Converted from full to partial, then lost	3	0.0
Converted from partial to full, then lost	8	0.1
Other patterns with lost enrollee status	315	2.1
Total	14,982	100.0



Totals and percentages of selected demographic and programmatic characteristics of new enrollees who did not die, according to continuity of enrollee status, are shown in Tables 10a and 10b. Loss of enrollee status was relatively more common among individuals who initially received full Medicaid benefits, were younger than 55 years, qualified for Medicare due to disability or ESRD, were at or below 100 percent of the FPL, and became enrollees through the Medicaid-to-Medicare pathway.



Table 10a. Totals of Selected Demographic and Programmatic Characteristics of New Enrollees Who Did Not Die, by Continuity of Enrollee Status, Maryland, 2008

	No Loss of Enrollee Status during Year								Lost Enrollee Status at Some Point during Year					
	Total	Full enrollee all year	Full enrollee part of year	Partial enrollee all year	Partial enrollee part of year	Converted from full to partial enrollee	Converted from partial to full enrollee	Back and forth between full and partial	Total	Full enrollee until lost	Partial enrollee until lost	Converted from full to partial, then lost	Converted from partial to full, then lost	Other patterns with lost enrollee status
Total	13,817	603	8,163	302	4,393	171	150	35	1,165	682	157	3	8	315
Sex														
Male	5,364	222	3,105	112	1,764	73	73	15	508	330	61	1	5	111
Female	8,453	381	5,058	190	2,629	98	77	20	657	352	96	2	3	204
Initial enrollee status														
QMB only	2,780	0	0	146	2,522	0	102	10	104	0	90	0	4	10
QMB full	7,022	469	6,389	0	0	151	0	13	780	563	0	3	0	214
SLMB only	1,356	0	0	96	1,227	0	25	8	47	0	33	0	3	11
QI/QWDI only	727	0	0	60	644	0	23	0	40	0	34	0	1	5
Other full	1,932	134	1,774	0	0	20	0	4	194	119	0	0	0	75
Age														
< 45	2,674	132	1,898	39	538	32	29	6	277	188	33	2	0	54
45-54	1,997	49	1,107	54	716	40	20	11	241	153	26	0	3	59
55-63	1,486	45	708	42	645	24	19	3	176	121	22	1	1	31
64	1,049	56	644	16	285	24	19	5	71	49	3	0	1	18
65	770	22	320	28	383	7	10	0	42	21	13	0	0	8
66	347	14	135	10	180	5	3	0	20	7	7	0	0	6
67-74	2,009	83	919	62	899	25	18	3	139	62	27	0	1	49
75-84	1,989	101	1,263	36	555	11	19	4	126	56	20	0	1	49
85-94	1,332	89	1,035	14	177	3	11	3	64	23	6	0	1	34



Table 10a continued. Totals of Selected Demographic and Programmatic Characteristics of New Enrollees Who Did Not Die, by Continuity of Enrollee Status, Maryland, 2008

	No Loss of Enrollee Status during Year								Lost Enrollee Status at Some Point during Year					
	Total	Full enrollee all year	Full enrollee part of year	Partial enrollee all year	Partial enrollee part of year	Converted from full to partial enrollee	Converted from partial to full enrollee	Back and forth between full and partial	Total	Full enrollee until lost	Partial enrollee until lost	Converted from full to partial, then lost	Converted from partial to full, then lost	Other patterns with lost enrollee status
95+	164	12	134	1	15	0	2	0	9	2	0	0	0	7
Race														
White	5,718	254	3,409	131	1,762	77	68	17	533	306	73	2	4	148
Black	5,560	216	3,147	132	1,922	71	56	16	495	296	67	1	4	127
Other/Unknown	2,539	133	1,607	39	709	23	26	2	137	80	17	0	0	40
Eligibility for Medicare Due to Disability	6,702	240	3,863	171	2,224	104	78	22	715	464	89	3	5	154
Eligibility for Medicare Due to ESRD	476	23	325	6	109	8	4	1	72	41	6	0	2	23
Poverty Status														
At/Below 100% FPL	9,952	473	6,528	146	2,522	156	102	25	936	601	90	3	4	238
Above 100% FPL	3,865	130	1,635	156	1,871	15	48	10	229	81	67	0	4	77
Institutional Indicator	2,737	206	2,511	0	0	18	1	1	162	92	0	0	0	70
Pathway to Medicare-Medicaid Enrollment														
Medicaid First	5,845	274	3,949	92	1,353	113	45	19	609	425	47	1	3	133
Medicare First	7,599	313	4,048	201	2,871	56	95	15	549	255	109	2	5	178
Medicare/Medicaid at Same Time	373	16	166	9	169	2	10	1	7	2	1	0	0	4



Table 10b. Percentages of Selected Demographic and Programmatic Characteristics of New Enrollees Who Did Not Die, by Continuity of Enrollee Status, Maryland, 2008

	No Loss of Enrollee Status during Year								Lost Enrollee Status at Some Point during Year					
	Total	Full enrollee all year	Full enrollee part of year	Partial enrollee all year	Partial enrollee part of year	Converted from full to partial enrollee	Converted from partial to full enrollee	Back and forth between full and partial	Total	Full enrollee until lost	Partial enrollee until lost	Converted from full to partial, then lost	Converted from partial to full, then lost	Other patterns with lost enrollee status
Sex														
Male	38.8%	36.8%	38.0%	37.1%	40.2%	42.7%	48.7%	42.9%	43.6%	48.4%	38.9%	33.3%	62.5%	35.2%
Female	61.2%	63.2%	62.0%	62.9%	59.8%	57.3%	51.3%	57.1%	56.4%	51.6%	61.1%	66.7%	37.5%	64.8%
Initial enrollee Status														
QMB only	20.1%	0.0%	0.0%	48.3%	57.4%	0.0%	68.0%	28.6%	8.9%	0.0%	57.3%	0.0%	50.0%	3.2%
QMB full	50.8%	77.8%	78.3%	0.0%	0.0%	88.3%	0.0%	37.1%	67.0%	82.6%	0.0%	100.0%	0.0%	67.9%
SLMB only	9.8%	0.0%	0.0%	31.8%	27.9%	0.0%	16.7%	22.9%	4.0%	0.0%	21.0%	0.0%	37.5%	3.5%
QI/QWDI only	5.3%	0.0%	0.0%	19.9%	14.7%	0.0%	15.3%	0.0%	3.4%	0.0%	21.7%	0.0%	12.5%	1.6%
Other full	14.0%	22.2%	21.7%	0.0%	0.0%	11.7%	0.0%	11.4%	16.7%	17.4%	0.0%	0.0%	0.0%	23.8%
Age														
< 45	19.4%	21.9%	23.3%	12.9%	12.2%	18.7%	19.3%	17.1%	23.8%	27.6%	21.0%	66.7%	0.0%	17.1%
45-54	14.5%	8.1%	13.6%	17.9%	16.3%	23.4%	13.3%	31.4%	20.7%	22.4%	16.6%	0.0%	37.5%	18.7%
55-63	10.8%	7.5%	8.7%	13.9%	14.7%	14.0%	12.7%	8.6%	15.1%	17.7%	14.0%	33.3%	12.5%	9.8%
64	7.6%	9.3%	7.9%	5.3%	6.5%	14.0%	12.7%	14.3%	6.1%	7.2%	1.9%	0.0%	12.5%	5.7%
65	5.6%	3.6%	3.9%	9.3%	8.7%	4.1%	6.7%	0.0%	3.6%	3.1%	8.3%	0.0%	0.0%	2.5%
66	2.5%	2.3%	1.7%	3.3%	4.1%	2.9%	2.0%	0.0%	1.7%	1.0%	4.5%	0.0%	0.0%	1.9%
67-74	14.5%	13.8%	11.3%	20.5%	20.5%	14.6%	12.0%	8.6%	11.9%	9.1%	17.2%	0.0%	12.5%	15.6%
75-84	14.4%	16.7%	15.5%	11.9%	12.6%	6.4%	12.7%	11.4%	10.8%	8.2%	12.7%	0.0%	12.5%	15.6%
85-94	9.6%	14.8%	12.7%	4.6%	4.0%	1.8%	7.3%	8.6%	5.5%	3.4%	3.8%	0.0%	12.5%	10.8%



Table 10b continued. Percentages of Selected Demographic and Programmatic Characteristics of New Enrollees Who Did Not Die, by Continuity of Enrollee Status, Maryland, 2008

	No Loss of Enrollee Status during Year								Lost Enrollee Status at Some Point during Year					
	Total	Full enrollee all year	Full enrollee part of year	Partial enrollee all year	Partial enrollee part of year	Converted from full to partial enrollee	Converted from partial to full enrollee	Back and forth between full and partial	Total	Full enrollee until lost	Partial enrollee until lost	Converted from full to partial, then lost	Converted from partial to full, then lost	Other patterns with lost enrollee status
95+	1.2%	2.0%	1.6%	0.3%	0.3%	0.0%	1.3%	0.0%	0.8%	0.3%	0.0%	0.0%	0.0%	2.2%
Race														
White	41.4%	42.1%	41.8%	43.4%	40.1%	45.0%	45.3%	48.6%	45.8%	44.9%	46.5%	66.7%	50.0%	47.0%
Black	40.2%	35.8%	38.6%	43.7%	43.8%	41.5%	37.3%	45.7%	42.5%	43.4%	42.7%	33.3%	50.0%	40.3%
Other/Unknown	18.4%	22.1%	19.7%	12.9%	16.1%	13.5%	17.3%	5.7%	11.8%	11.7%	10.8%	0.0%	0.0%	12.7%
Eligibility for Medicare Due to Disability	48.5%	39.8%	47.3%	56.6%	50.6%	60.8%	52.0%	62.9%	61.4%	68.0%	56.7%	100.0%	62.5%	48.9%
Eligibility for Medicare Due to ESRD	3.4%	3.8%	4.0%	2.0%	2.5%	4.7%	2.7%	2.9%	6.2%	6.0%	3.8%	0.0%	25.0%	7.3%
Poverty status														
At/below 100% FPL	72.0%	78.4%	80.0%	48.3%	57.4%	91.2%	68.0%	71.4%	80.3%	88.1%	57.3%	100.0%	50.0%	75.6%
Above 100% FPL	28.0%	21.6%	20.0%	51.7%	42.6%	8.8%	32.0%	28.6%	19.7%	11.9%	42.7%	0.0%	50.0%	24.4%
Institutional Indicator	19.8%	34.2%	30.8%	0.0%	0.0%	10.5%	0.7%	2.9%	13.9%	13.5%	0.0%	0.0%	0.0%	22.2%
Pathway to Medicare-Medicaid Enrollment														
Medicaid First	42.3%	45.4%	48.4%	30.5%	30.8%	66.1%	30.0%	54.3%	52.3%	62.3%	29.9%	33.3%	37.5%	42.2%
Medicare First	55.0%	51.9%	49.6%	66.6%	65.4%	32.7%	63.3%	42.9%	47.1%	37.4%	69.4%	66.7%	62.5%	56.5%
Medicare/Medicaid at Same Time	2.7%	2.7%	2.0%	3.0%	3.8%	1.2%	6.7%	2.9%	0.6%	0.3%	0.6%	0.0%	0.0%	1.3%



Major Findings

In this study, Hilltop found that 14.2 percent of all enrollees in Maryland in 2008 were new enrollees. Approximately 42 percent of these new enrollees in 2008 were enrolled in Medicaid prior to enrolling in Medicare, approximately 56 percent were enrolled in Medicare prior to enrolling in Medicaid, and 2.5 percent were enrolled in both programs at the same time. New enrollees were almost evenly divided between individuals aged 65 and older and those younger than 65.

The overall characteristics of the two groups are significantly different. Individuals qualifying for Medicare-Medicaid enrollment through the Medicare-to-Medicaid pathway were much more likely to be women, much more likely to reside in an institutional setting at the initial time of enrollment, and much more likely to have incomes below the FPL. Advanced age is highly associated with the Medicare-to-Medicaid pathway, whereas individuals who became enrollees through the Medicaid-to-Medicare pathway were more likely to have a disability and be male, Black, and have incomes below the FPL.

New enrollees were most likely to qualify for Medicaid coverage due to their status as an SSI beneficiary or due to having insufficient income to cover a long-term care stay. Nearly one-half of the new enrollees qualified in one of these two categories.

According to our results, most enrollees in the Medicare-to-Medicaid pathway received Medicare benefits for at least two years prior to receiving Medicaid benefits, as did a slight majority of people who became enrollees via the Medicaid to Medicare pathway. However, approximately 16 percent of enrollees in the Medicaid-to-Medicare pathway received Medicare benefits less than six months after enrolling in Medicaid—and this was most common among SLMBs and QI/QWDIs.

This study suggests that most new enrollees maintain dual enrollment once they achieve it. However, Hilltop found that almost 8 percent lost dual enrollment at some point during the year.

Strengths and Limitations

One major strength of this study is that it begins to address the gaps in knowledge relating to new enrollees. Specifically, it provides one way to define new enrollees, provides concrete estimates for the percentages of new enrollees who reach Medicare-Medicaid enrollment through the two major pathways, and begins to describe the initial circumstances surrounding initial Medicare-Medicaid enrollment.

Another major strength of this study is its use of the MMA State File—along with other administrative data that are available to states—in order to answer questions related to enrollees.



States can gather information on enrollees from data sources they or the federal government already use for program management.

However, there are notable limitations to this study. First, these results are based only on enrollees in Maryland; thus, the profile of new enrollees presented here may differ in substantive and significant ways from the profile of new enrollees in other states. Second, because this study was based only on information contained in administrative data sets, Hilltop is unable to identify and/or quantify other important events such as death of a spouse and subsequent loss of income or change in living arrangement that may precipitate Medicare-Medicaid enrollment.

Policy Implications

New enrollees are a heterogeneous group. They represent all age groups and qualify for enrollee status through diverse paths. They fall into a range of Medicaid eligibility categories, including some categories for families and children. This study suggests that careful targeting and multiple program designs will be required for interventions aimed at better coordinating care for enrollees. In addition, the stability of enrollment would support policies to streamline and maintain eligibility, and the data on pathways can inform targeted communications to help new Medicare-Medicaid enrollees better understand the benefits to which they have access.

Being poor, relatively young, and having a disability sufficient to qualify for SSI payments are noticeable characteristics of individuals who first qualify for Medicaid prior to becoming enrollees. The largest single group of new enrollees (approximately one-quarter) qualified for Medicaid due to their eligibility for SSI. Healthcare financing programs such as Medicare and Medicaid may have limited ability to influence this pathway to dual status, since it is based on eligibility for income supports due to the inability to work. Additional research on factors that lead to SSI enrollment for individuals with disabilities, including work patterns and causes of disability, will be essential in understanding this group of new enrollees.

Advanced age, being female, and entering an institution are noticeable characteristics of individuals who are first eligible for Medicare prior to become enrollees. Often these individuals do not have incomes below the FPL, but poor health or the life change of institutionalization lead to poverty and eligibility for Medicaid. Examining the patterns of entry into long-term care institutions will be important in gaining an understanding of this group of enrollees. This study shows that individuals in long-term care institutions represent a large group (approximately 20 percent) of new enrollees. These individuals are not known to the Medicaid program until they apply for Medicaid coverage; by then, they have depleted their resources, and their incomes are insufficient to pay for their care. Development of strategies that support continued community residence for individuals who are frail or have severe disabilities will be important in influencing this pathway to enrollee status.

The diverse Medicaid eligibility standards and enrollment categories used among the states suggest that substantial state-level analysis will be important in understanding Medicare and



Medicaid enrollment patterns for new enrollees across the nation. The patterns observed in Maryland are suggestive of patterns nationwide, but are not likely to be identical to patterns in other states.

Next Steps

A second (forthcoming) report to be produced under this study will explore healthcare utilization patterns for new enrollees in the 12 months prior to Medicare-Medicaid eligibility. Using Medicaid FFS and encounter claims, as well as Medicare FFS claims, Hilltop will analyze cost and use by setting, and identify the most frequent diagnoses and conditions of new enrollees prior to Medicare-Medicaid enrollment. Hilltop will present these clinical data separately according to the two major pathways to Medicare-Medicaid enrollment. Hilltop will also present information separately for enrollees with full Medicaid benefits and enrollees with partial benefits.



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The Hilltop Institute

University of Maryland, Baltimore County
Sondheim Hall, 3rd Floor
1000 Hilltop Circle
Baltimore, MD 21250
410-455-6854
www.hilltopinstitute.org