

This evaluation by RTI International (completed in September 2003) was designed to examine qualitatively and quantitatively the Qualified Medicare Beneficiary (QMB) and the Specified Low-Income Medicare Beneficiary (SLMB) Programs. The work was undertaken as part of CMS' initiative under the Government Performance and Results Act to "improve access to care for elderly and disabled Medicare beneficiaries who do not have public or private supplemental insurance". The project was modified to include case-study evaluations of state programs under the Building Partnerships for Innovative Outreach and Enrollment of Dual Eligible grants and a study on limitation on state payment for Medicare cost-sharing affecting access to services for Qualified Medicare Beneficiaries and the impact on providers who disproportionately serve these beneficiaries. The Benefits Improvement and Protection Act of 2000 mandated the latter study and a Report to Congress was sent in May 2003.

### **Evaluation Highlights:**

- Program enrollment grew between 1999 and 2001 and there was little evidence that a substantial number of beneficiaries drop off at redetermination. There was substantial variation in enrollment growth across states. Beneficiaries with health problems were more likely to enroll and may be precipitated by major health events such as hospitalizations. Lack of awareness of the programs remains the main reason that eligible individuals do not enroll.
- States have increased their outreach activities over time. There was no evidence that variation in state outreach activities explained the differences in enrollment patterns across states.
- Program enrollees were more likely than eligible nonenrollees to use inpatient services, outpatient hospital services, Part B services overall and physician visits, even after controlling for the poorer health status of enrollees and other beneficiary characteristics. The study could not conclusively determine the extent to which service use by enrollees is determined by the protection from cost-sharing or adverse selection.
- Out-of-pocket costs for program enrollees are lower than eligible nonenrollees. However, a vast majority of enrollees continue to incur out-of-pocket costs and the burden is particularly large for SLMBs.
- Enrollment in the six states awarded the grants increased from baseline, with the exception of Maryland. The other states in the case-study evaluation were Connecticut, Minnesota, Montana, Texas, and Washington. The establishment of partnerships was widely viewed as a significant result of the outreach grant. Some of the effective strategies adopted in the grant initiatives include shortened applications, assistance with completing applications, door-to-door outreach, tailored printed materials, direct mailings, piggybacking on prescription drug programs and use of the media.

- The analysis done for the impact of state cost-sharing limitations found that reductions in the percent of Medicare cost sharing paid by Medicaid decreased the probability that a dually eligible beneficiary will have an outpatient physician visit and decreased the likelihood that a dual eligible would receive any outpatient mental health treatment. However, the impacts are relatively small and their effect on health outcomes is unknown. The scope of policy recommendations that can be made from these key findings is affected by several study limitations.