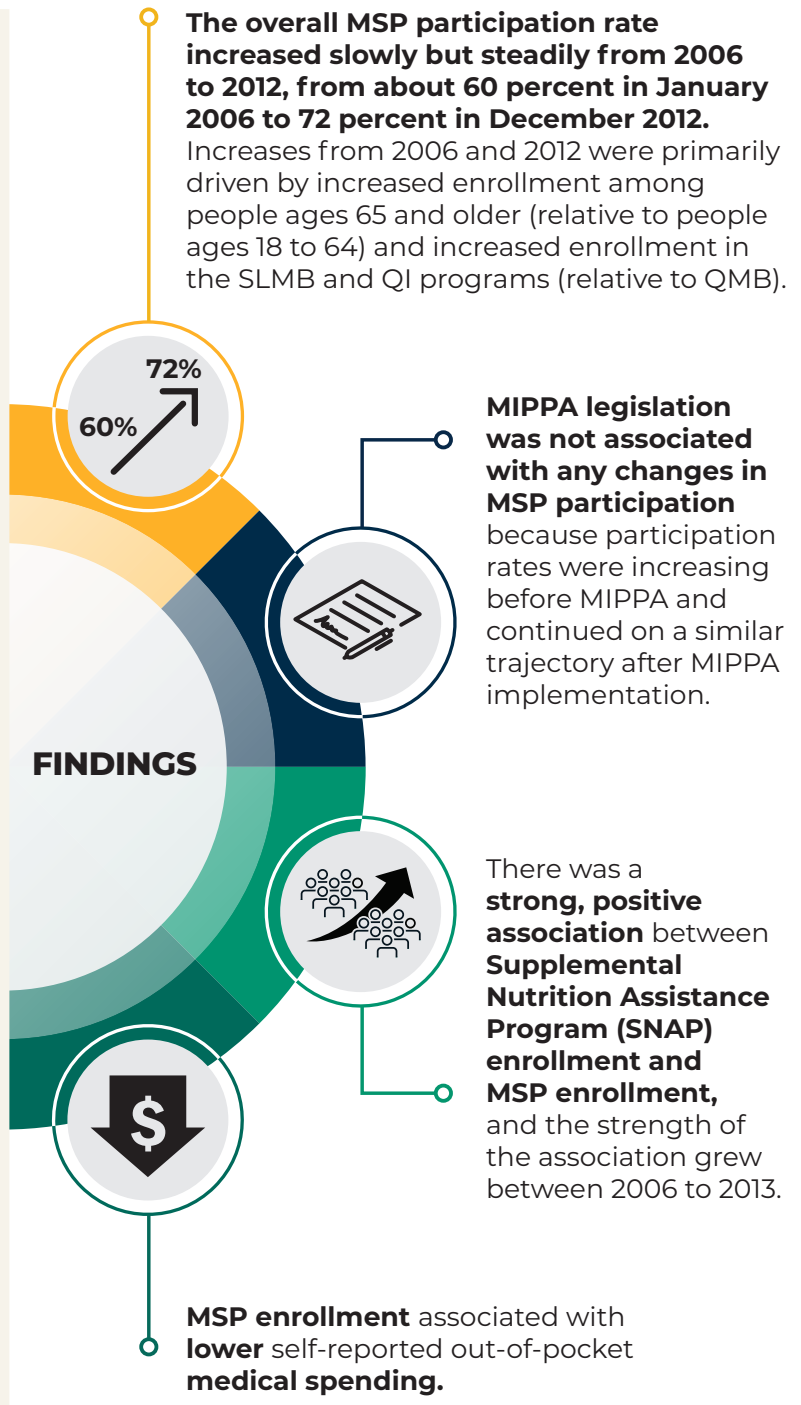




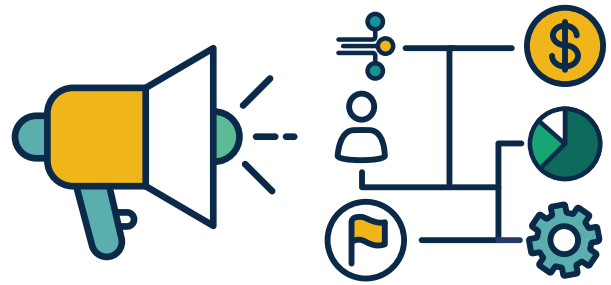
# Medicare Savings Programs: Findings on Eligibility and Enrollment Trends

Medicare Savings Programs (MSPs) are Medicaid programs that subsidize the cost of Medicare premiums, deductibles, co-insurance, and other cost sharing for Medicare beneficiaries with low income. These programs include the Qualified Medicare Beneficiary (QMB) program, the Specified Low-Income Medicare Beneficiary (SLMB) program, the Qualifying Individual (QI) program, and the Qualified Disabled and Working Individual (QDWI) program. Little is known about how MSP participation (the proportion of eligible people who are actually enrolled in MSPs) have changed over time. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health and Human Services contracted with Mathematica to examine: whether the MSP-eligible population, MSP-enrolled population, and MSP participation rate changed over time; differences in the characteristics of MSP enrollees and the MSP-eligible-but-not-enrolled population; whether the MSP participation rate was affected by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) legislation that was implemented in 2010; and differences in the out-of-pocket spending of MSP enrollees and the MSP-eligible-but-not-enrolled population. This factsheet summarizes key findings from the study.



## Conclusions

These findings show promising trends in MSP participation rates and highlight areas where policymakers and advocates can continue to focus on improvements, such as in outreach to people who are not currently connected to other public benefits programs. For more information, see the full report at <https://aspe.hhs.gov/about/offices/bhdap>.



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## Methods

We analyzed data from the Survey of Income and Program Participation linked to the Medicare Enrollment Database and Medicaid Statistical Information System within the Census Bureau's Data Linkage Infrastructure at the Federal Statistical Research Data Centers. We used these data to simulate whether people were eligible for an MSP between 2006 and 2013. After completing the eligibility simulation, we: estimated the MSP-eligible populations, the MSP-enrolled populations, and the MSP participation rates for each of the 23 observation months in our study period; examined differences between the population enrolled in MSP and the population that was eligible for MSP but not enrolled and used multivariable logistic regression models to identify characteristics associated with MSP enrollment; tested the effect of MIPPA on MSP eligibility, enrollment, and participation rates using a single interrupted time series regression model; and compared self-reported out-of-pocket spending for medical care and other indicators of financial well-being among MSP enrollees with that reported by the MSP-eligible-but-not-enrolled population by using multivariable logistic regression models to adjust for observable differences. ▲

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**Suggested citation:** Niedzwiecki, Matthew, Evelyn Cody, and Andrea Wysocki. "Medicare Savings Programs: Findings on Eligibility and Enrollment Trends." *Mathematica*, May 12, 2023.

**Disclaimer:** Any views expressed are those of the authors and not those of the U.S. Census Bureau. The Census Bureau's Disclosure Review Board and Disclosure Avoidance Officers have reviewed this information product for unauthorized disclosure of confidential information and have approved the disclosure avoidance practices applied to this release. This research was performed at a Federal Statistical Research Data Center under FSRDC Project Number 2600. (CBDRB-FY23-0094) and (CBDRB-FY23-0072).