



Reducing Duplicate Enrollments and Preventing Unnecessary Medicaid Expenditures



Using national coverage data to protect program dollars

The Centers for Medicare & Medicaid Services (CMS) recently reported that millions¹ of individuals are dually enrolled across Medicaid, CHIP, Marketplace, and employer-sponsored plans – creating serious financial and operational risks for state Medicaid programs.

For Medicaid agencies and managed care organizations (MCOs), these challenges are familiar. Third-Party Liability (TPL) and Coordination of Benefits (COB) teams work diligently to verify member coverage and protect resources, yet outdated data, lagging eligibility feeds, and fragmented interagency communication make

real-time verification nearly impossible. Without clear visibility into overlapping coverage, agencies often pay claims when they are the payer of last resort, leading to wasteful spending and costly recovery efforts.

Recent federal legislation included provisions that address broader goals around program integrity, reducing improper payments, and easing administrative burden through data-driven insights. The provisions specifically aim to address fragmented enrollment, reinforce efforts to modernize eligibility systems and support data interoperability, and strengthen oversight.

The Scale of the Problem

A recent analysis of CAQH data underscores the magnitude of the issue:

- **Nearly 3 million** Medicaid Managed Care enrollees also have employer-sponsored coverage.
- **850,000+ members** are in both a Medicaid MCO and either an Exchange plan or another state's Medicaid MCO.
- CAQH data identifies over **4 million coverage overlaps**, each representing a possible overpayment.

¹ 7/17/25 [CMS Finds 2.8 Million Americans Potentially Enrolled in Two or More Medicaid/ACA Exchange Plans | CMS](#)

Key Provisions: Federal & State Requirements

State Requirements:

- By January 1, 2027, states must use reliable sources to regularly obtain and update enrollees' address information
- By October 1, 2029, states must:
 - Submit monthly data (including SSNs) to a new federal system.
 - Use the federal system to detect and prevent multi-state Medicaid enrollment.
 - Act, including disenrollment, if someone is enrolled in multiple states and doesn't live in the current state.

Federal System:

- By October 1, 2029, Health and Human Services (HHS) must create and operate a national system that:
 - Receives monthly enrollment data from states.
 - Notifies states when someone is enrolled in more than one state's Medicaid program.

Managed Care Plans:

- Beginning January 1, 2027, managed care plans must promptly share verified enrollee addresses with the state.

How Nationwide Coverage Data Can Transform State Programs

CAQH maintains a continuously updated registry of coverage data and contact information for over 225 million members, representing nearly 75% of all insured individuals in the U.S. — including 43.5 million Medicaid and 21 million Medicare beneficiaries. The CAQH Coordination of Benefits Solution serves as a trusted source for identifying duplicative coverage, improving the COB process, and reducing dual enrollments.

The CAQH COB Solution allows Medicaid agencies to:

- **Access comprehensive, real-time enrollment data** across Medicaid, CHIP, Exchange, and commercial plans.
- **Validate and resolve overlaps** with **99.5% accuracy**, preventing overpayments before they occur.
- **Streamline eligibility and redetermination processes**, supporting compliance with recent federal provisions addressing duplicate enrollment and verification.
- **Automate COB workflows** and generate measurable savings.

Take Action

Duplicate enrollment doesn't have to be a persistent challenge. With access to comprehensive and reliable data Medicaid agencies can address timelier duplicate enrollments – whether it is dual enrollment with 2 states or dual enrollment with Medicaid Managed Care and another MCO, ACA plan or employer sponsored coverage. These efforts will also help agencies align with new federal requirements, reduce improper payments, and modernize eligibility and oversight.

Visit [CAQH.org/COB](https://www.caqh.org/COB) to explore how our COB Solution can assist both CMS and state agencies

By the Numbers

225M+

members in the CAQH registry (~75% of the U.S. insured population)

64M+

Medicaid and Medicare beneficiaries included

99.5%

accuracy in validating coverage overlaps

10:1

average ROI