

Dual-Eligibility Facts & Figures



Improving care for 12.2 million people simultaneously enrolled in Medicare and Medicaid¹—the so called “dual-eligible” population—represents a key opportunity for policymakers who care about government spending and improving care delivery for vulnerable populations alike.

We spend more on care for dual-eligible individuals than other Medicare and Medicaid individuals on average:

- **Medicare:** Dual-eligible individuals make up 19% of the Medicare population but represent 34% of aggregate Medicare spending which in 2019 amounted to Medicare spending \$22,647 per dual-eligible individual compared to \$10,528 for Medicare-only beneficiaries.²
- **Medicaid:** Dual-eligible individuals make up 14% of the Medicaid population but represent 30% of aggregate Medicaid spending which in 2019 amounted to Medicaid spending \$13,483 per dual-eligible individual.³
- **Total Spending:** On average, total spending for dual-eligible individuals in 2019 was almost double their non-dual-eligible counterparts—\$22,647 compared with \$10,528.⁴

\$440 BILLION

Amount spent, in aggregate, each year on providing care and coverage to the dual-eligible population.⁵

Although preventable hospitalizations are usually identified as drivers of high cost, long-term care costs account for the majority of spending (68%) among the highest cost dual-eligible individuals.⁶

Despite all this spending, the dual-eligible population reports that they are in poorer health than their Medicare-only counterparts.⁷

- 13% of dual-eligible individuals consider themselves in poor health compared to only 4% of their Medicare-only counterparts.
- Unsurprisingly, they are also less likely to report themselves in excellent or very good health compared to Medicare individuals (20% vs. 50%, respectively).

And we see the results of poor health in the way that they use care—more often in last-resort, expensive settings of care.⁸



of dual-eligible individuals have at least one inpatient hospital stay per year

(Medicare: 15%)



of dual-eligible individuals have at least one ER visit per year

(Medicare: 13%)



of dual-eligible individuals have at least one day of home health care per year

(Medicare: 5%)

Dual-eligible individuals are also over-represented in long-term care facilities, and have been identified as one of the populations at greatest risk of becoming infected – and dying – from COVID-19.

DUAL-ELIGIBLE

13%



MEDICARE

3%

People become eligible for both programs because they are low-income and are over the age of 65 or disabled. The vast majority of people that become dual-eligible qualify for one coverage program (i.e., Medicare or Medicaid) before gaining access to the other.⁹

- **Medicare-to-Medicaid:** Almost 7 in 10 dual-eligible individuals follow this pathway to enrollment in both programs which commonly includes people over the age of 65 with low incomes and long-term care needs.
- **Medicaid-to-Medicare:** Alternatively, almost 3 in 10 dual-eligible individuals first gain access to the Medicaid program before gaining Medicare coverage as a result of a disability (67%) or turning 65 years old and aging into the program (32%).

Dual-eligible individuals face high costs for their care and needs, compared to Medicare-only beneficiaries.

\$ 55%

of dual-eligibles live below the poverty line

- The average Medicare beneficiary spends approximately \$5,500 per year on their health coverage, representing more than one-third of their total income if living in a family of two. If long-term services and supports are needed, which is common among dual-eligible individuals, the average Medicare beneficiary spends more than \$40,000 out-of-pocket in the absence of any Medicaid coverage.¹⁰
- Dual-eligible individuals rarely have access to other forms of insurance that help pay for these out-of-pocket expenses. Only 1% of dual-eligible individuals have employer-sponsored insurance compared to 23% of non-dual-eligible Medicare individuals and only 3% of dual-eligible individuals have Medigap insurance compared to 23% of non-dual-eligible Medicare individuals.¹¹

Financial support and access to additional benefits varies among the dual-eligible population based on income and need.

- Just over **7 in 10** dual-eligible individuals qualify for assistance to pay for their Medicare premiums and co-pays as well as the full range of Medicaid-covered benefits, including long-term services and supports. The 8.7 million people that fall into this category are commonly referred to as *full-benefit dual-eligible individuals*.¹²
- Almost **3 in 10** dual-eligible individuals receive assistance paying for some amount of Medicare cost-sharing and premiums, but are not entitled to the full-range of Medicaid benefits. The 3.5 million people that fall into this category are commonly referred to as *partial-benefit dual-eligible individuals*.¹³

Dual-eligible individuals utilize health care more than their Medicare counterparts because they have significant health needs.¹⁴



93.8%

of dual-eligible individuals access health care services, compared to **87.1%** of Medicare-only individuals



92%

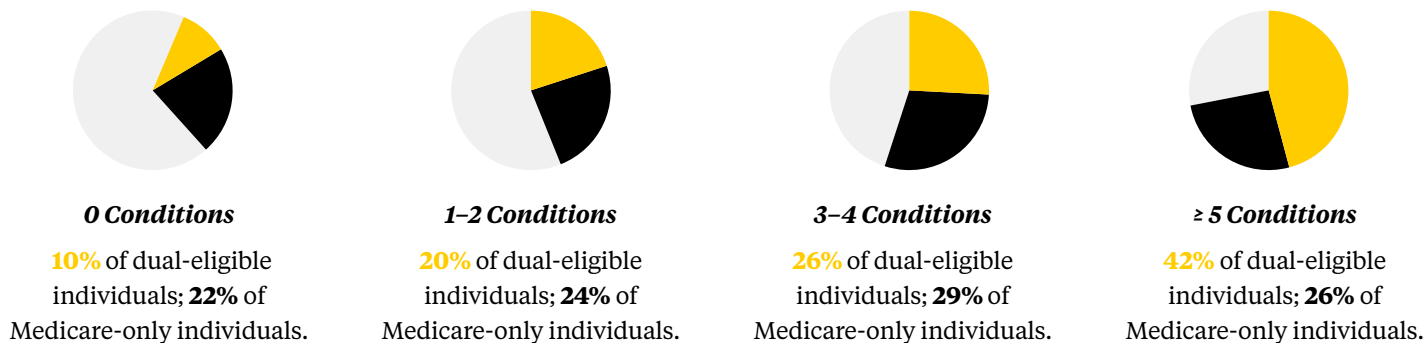
of dual-eligible individuals use prescription drugs, compared to **94%** of Medicare-only individuals



53%

of dual-eligible individuals have limitations that impact daily living

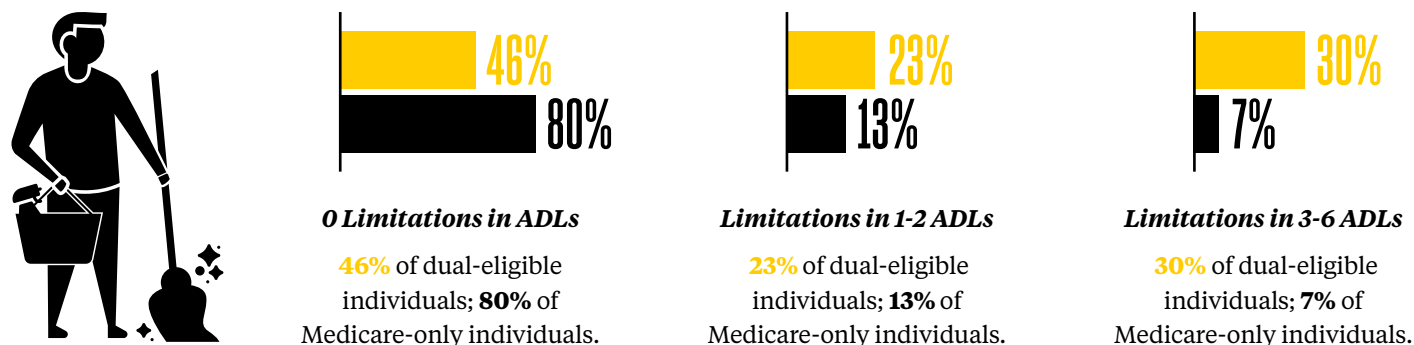
Dual-eligible individuals typically have more chronic conditions than their Medicare counterparts.¹⁵



The five most common conditions among the dual-eligible population include:¹⁶



The dual-eligible population is much more likely to be frail and have limitations that impact their ability to carry out activities associated with daily living (ADL) (e.g., bathing).¹⁷



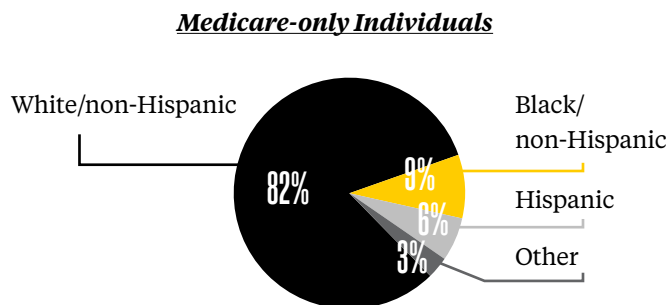
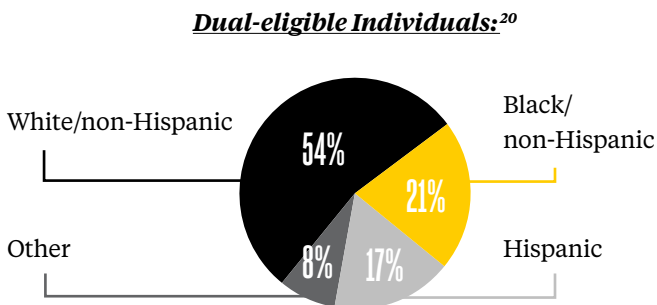
The dual-eligible population is not homogenous and is more diverse than Medicare and Medicaid alone. Dual-eligible individuals' age span a large spectrum—unlike the Medicare and Medicaid programs alone, meaning a broad range of services and supports are necessary to address disparate needs.

40%

40% of dual-eligible individuals are under 65 and have a disability,¹⁸ compared with only 9% of non-dual-eligible individuals.¹⁹

9%

The dual-eligible population is more racially diverse than the Medicare-only population. The services available and program operations, must reflect the needs and perceptions of the population it aims to serve.



Medicaid and Medicare were never designed to work together, creating a fragmented and uncoordinated experience for the dual-eligible population.

- People must navigate two coverage systems while oftentimes sick with multiple chronic conditions.
- Providers are left to work through two bureaucracies, instead of one, to receive payment for the significant number of services they provide to this complex patient population; and
- Government spending increases because both the states and federal government leverage the other to reduce their program's spending, rather than working together to reduce the total cost of care.



dual-eligible individuals are enrolled in an integrated care plan.

The time to fix the broken incentive structure between Medicare and Medicaid and improve care delivery for the dual-eligible population is now. To do this, we need to:

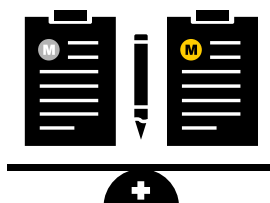
Increase the degree of
INTEGRATION

between Medicare and Medicaid



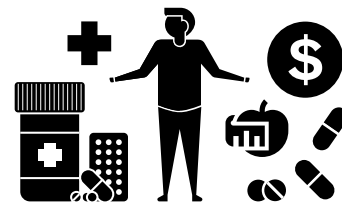
Increase
ENROLLMENT

in integrated coverage



Improve access to a
MIX OF SERVICES

including community options instead of institutional care



END NOTES

- 1 CMS 2020 Factsheet: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf
 - 2 MedPAC 2022 Databook: <https://www.macpac.gov/wp-content/uploads/2022/02/Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-February-2022.pdf>
 - 3 MedPAC 2022 Databook: <https://www.macpac.gov/wp-content/uploads/2022/02/Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-February-2022.pdf>
 - 4 MedPAC 2022 Databook: <https://www.macpac.gov/wp-content/uploads/2022/02/Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-February-2022.pdf>
 - 5 MedPAC 2022 Databook: <https://www.macpac.gov/wp-content/uploads/2022/02/Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-February-2022.pdf>
 - 6 Figueroa 2018: <https://pubmed.ncbi.nlm.nih.gov/30285049/>
 - 7 MedPAC 2022 Databook: <https://www.macpac.gov/wp-content/uploads/2022/02/Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-February-2022.pdf>
 - 8 MedPAC 2022 Databook: <https://www.macpac.gov/wp-content/uploads/2022/02/Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-February-2022.pdf>
 - 9 ASPE 2019 Report: <https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report#results>.
 - 10 KFF Medicare Beneficiaries Out of Pocket Spending 2019: <https://www.kff.org/medicare/issue-brief/how-much-do-medicare-beneficiaries-spend-out-of-pocket-on-health-care/>.
 - 11 MedPAC 2022 Databook: <https://www.macpac.gov/wp-content/uploads/2022/02/Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-February-2022.pdf>
 - 12 CMS 2020 Factsheet (2018 data): https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf.
 - 13 CMS 2020 Factsheet (2018 data): https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf.
 - 14 MedPAC 2022 Databook: <https://www.macpac.gov/wp-content/uploads/2022/02/Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-February-2022.pdf>
 - 15 CMS 2012 Enrollee Information: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/NationalProfile_2012.pdf.
 - 16 CMS 2012 Enrollee Information: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/NationalProfile_2012.pdf.
 - 17 MedPAC 2022 Databook: <https://www.macpac.gov/wp-content/uploads/2022/02/Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-February-2022.pdf>
 - 18 MedPAC 2021 Databook: https://www.medpac.gov/wp-content/uploads/2021/10/July2021_MedPAC_DataBook_Sec4_SEC.pdf
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 - 20 MedPAC 2022 Databook: <https://www.macpac.gov/wp-content/uploads/2022/02/Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-February-2022.pdf>
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