

# People Dually Eligible for Medicare and Medicaid

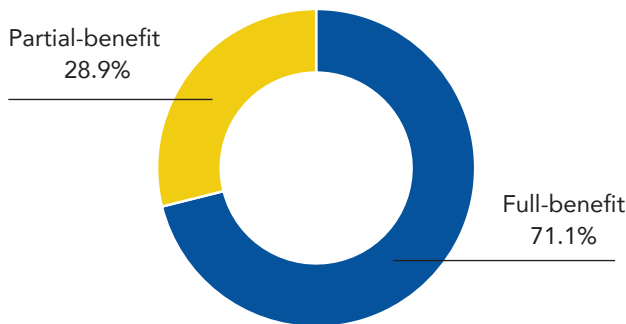
In 2019, there were 12.3 million individuals simultaneously enrolled in Medicare and Medicaid.<sup>1</sup> These dually eligible individuals experience high rates of chronic illness, with many having long-term care needs and social risk factors. Twenty-seven percent of dually eligible individuals enrolled in Medicare Fee-for-Service have six or more chronic conditions, compared to 15 percent of beneficiaries with Medicare only.<sup>2</sup> Fifteen percent of dually eligible individuals report that they have “poor” health status, compared to four percent of other Medicare beneficiaries.<sup>3</sup>

Dually eligible individuals must navigate two separate programs:

- Medicare for the coverage of most preventive, primary, and acute health care services and prescription drugs; and
- Medicaid coverage for long-term services and supports (LTSS), certain behavioral health services, and Medicare premiums and cost sharing.

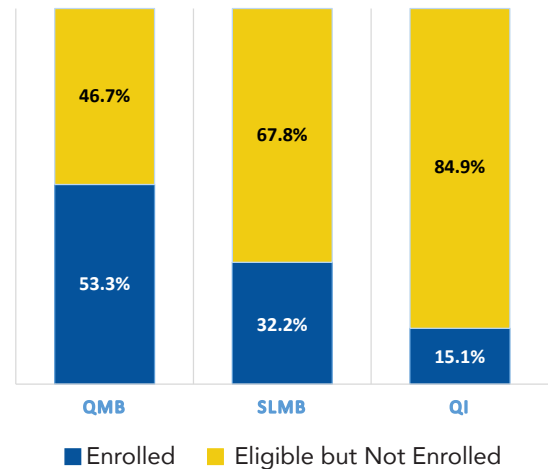
**FIGURE 1**  
**Full vs. Partial Benefit<sup>4</sup>**

Full-benefit dually eligible individuals are Medicare beneficiaries who qualify for the full package of Medicaid benefits. They often also qualify for assistance with Medicare premiums and cost sharing through the Medicare Savings Programs (MSPs). Partial-benefit dually eligible individuals are enrolled only in Medicare and an MSP.

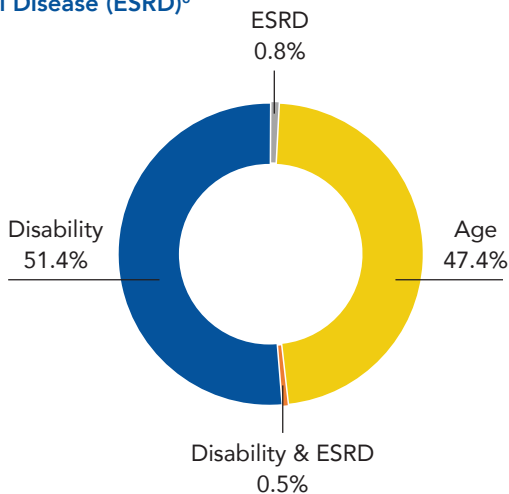


**FIGURE 2**  
**Participation Rates in the Medicare Savings Programs (MACPAC 2017)<sup>5</sup>**

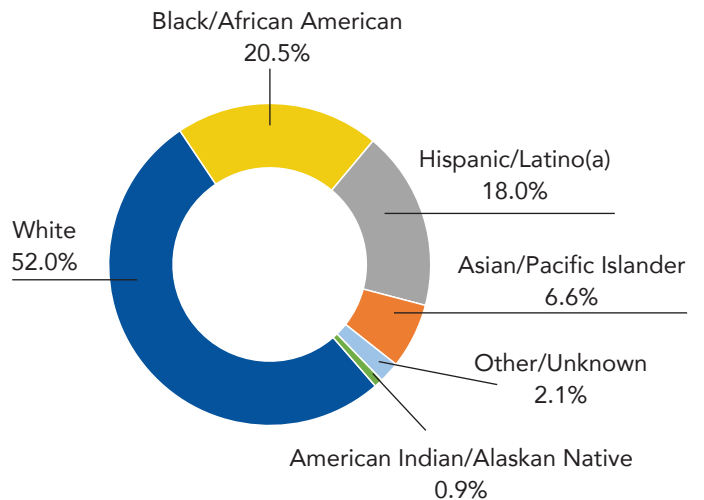
Over half of all beneficiaries who are eligible for an MSP are not enrolled.



**FIGURE 3**  
**Medicare Eligibility by Age, Disability, and End-Stage Renal Disease (ESRD)<sup>6</sup>**



**FIGURE 4**  
**Race/Ethnicity<sup>7</sup>**



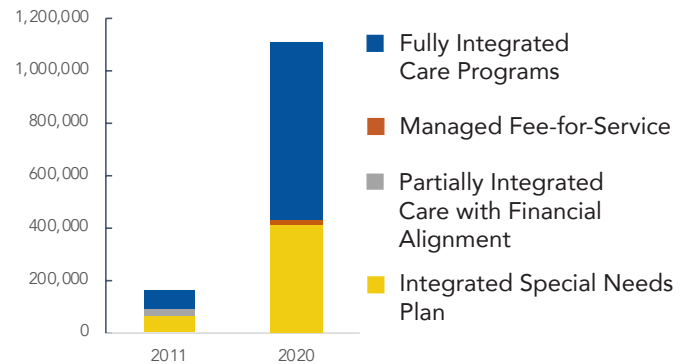
## The CMS Medicare-Medicaid Coordination Office (MMCO)

CMS is committed to advancing health equity, improving access to care, and improving health outcomes. The role of MMCO<sup>8</sup> is to bring together Medicare and Medicaid in order to more effectively integrate benefits and improve the coordination between the federal government and states to enhance access to quality services for individuals who are dually eligible for Medicare and Medicaid.

**FIGURE 5**

### Total Integrated Care Enrollment by Program Type: 2011 and 2020<sup>9</sup>

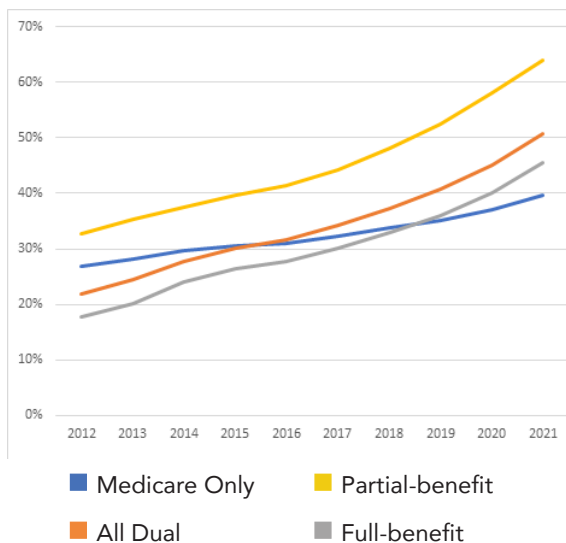
Medicare-Medicaid integrated care refers to delivery system and financing approaches that maximize Medicare-Medicaid care coordination and mitigate cost-shifting incentives, including through total-cost-of-care accountability across Medicare and Medicaid. Participation in integrated care has increased over time. About one in 12 full-benefit dually eligible individuals were enrolled in an integrated care program in 2020.



**FIGURE 6**

### Medicare Managed Care<sup>10</sup>

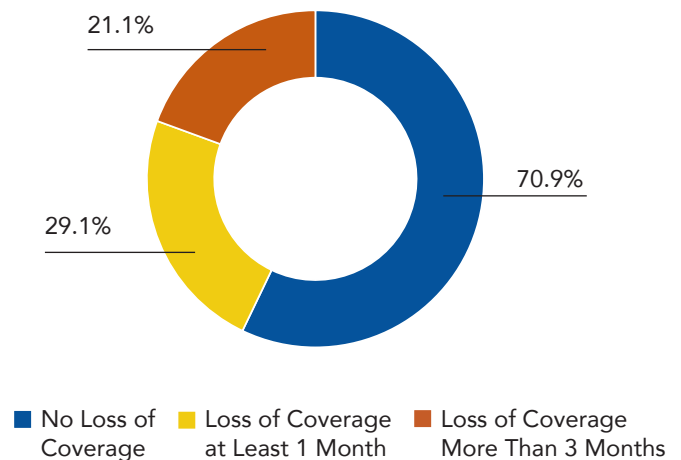
Among dually eligible individuals (full-and partial-benefit) 51% were enrolled in Medicare managed care in 2021, up from 22% in 2012.



**FIGURE 7**

### Loss of Full-Benefit Medicaid Coverage<sup>11</sup>

Among 2.6 million individuals who newly transitioned to full-benefit dual eligibility during 2007-2009, 29 percent lost coverage for at least one month, and 21 percent lost coverage for more than three months, during the 12 months of follow up.



<sup>1</sup> Medicare-Medicaid Coordination Office, Medicare-Medicaid Dual Enrollment from 2006 through 2019.

<sup>2</sup> CMS Data: Multiple Chronic Conditions, 2018.

<sup>3</sup> The Medicare Payment Advisory Committee (MedPAC) Health Care Spending and the Medicare Program, July 2021.

<sup>4</sup> Medicare-Medicaid Coordination Office, Medicare-Medicaid Dual Enrollment from 2006 through 2019.

<sup>5</sup> Medicare Savings Program Enrollees and Eligible Non-Enrollees, Report for the Medicaid and CHIP Payment and Access Commission, 2017.

<sup>6</sup> Medicare-Medicaid Coordination Office, Medicare-Medicaid Dual Enrollment from 2006 through 2019.

<sup>7</sup> Medicare-Medicaid Coordination Office, Medicare-Medicaid Dual Enrollment from 2006 through 2019.

<sup>8</sup> Section 2602 of Public Law 111-148 (42 U.S.C. 1315 b(d)) created MMCO (the "Federal Coordinated Health Care Office"), and Section 50311 of the Bipartisan Budget Act of 2018 established the office as a dedicated point of contact for states with regard to Medicare Advantage special needs plans for dually eligible individuals.

<sup>9</sup> Medicare-Medicaid Coordination Office Fiscal Year 2020 Report to Congress (cms.gov).

<sup>10</sup> Medicare-Medicaid Coordination Office, Data Analysis Brief: Comparing Managed Care Enrollment Trends among Dually Eligible Individuals to Medicare-only Beneficiaries, 2012 through 2021.

<sup>11</sup> Loss of Medicare-Medicaid Dual Eligible Status: Frequency, Contributing Factors and Implications, Report to the Office of the Assistant Secretary for Planning and Evaluation, 2019.