

Leadership, innovation, collaboration for state Aging and Disability agencies.

**241 18th Street S, Suite 403** Arlington, VA 22202 Phone: 202-898-2578 www.advancingstates.org www.hcbs.org

Stay informed with us on:



# ncoe

national council on aging

**251 18th Street S, Suite 500** Arlington, VA 22202 Phone: 571-527-3900 www.ncoa.org www.benefitscheckup.org

This publication was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$240,000 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.

#### UNDERSTANDING DUAL ELIGIBLES

59% of full-benefit dual-eligible enrollees are female, White/ non-Hispanic (52%). and live in an urban area (81%).

Medicare is the main payer for medical acute and postacute health care and prescriptions for dual-eligible enrollees; Medicaid may cover other benefits, such as LTSS.

**Through mandatory Medicaid eligibility** pathways known as Medicare Savings Programs (MSP), dual-eligible enrollees may qualify for assistance with their Medicare premiums, and many get help with deductibles, copayments, and coinsurance.

Individuals receiving **Supplemental Security** Income (SSI) payments make up about half of full-benefit dual-eligible enrollees.

**Medicaid spending** per-user on full-benefit fee-for-service dualeligible enrollees for institutional LTSS and HCBS LTSS, collectively, is \$52,631 annually compared to \$7,818 for non-LTSS users. (More than six times higher.)

**Dual-Eligible** Special Needs Plans (D-SNPs) are Medicare Advantage managed care plans that specialize in providing coverage for dual-eligible enrollees and range in coordination of Medicaid and Medicare benefits.

#### **More integrated Medicaid** and Medicare plans include:

- · Fully integrated dualeligible special needs plans (FIDE SNPs)
- · Highly integrated dualeligible special needs plans (HIDE SNPs)
- Programs for All-**Inclusive Care for the** Elderly (PACE).





#### **SOURCES:**

#### **INDIVIDUALS WITH MEDICAID & MEDICARE**

- · Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid, MedPAC and MACPAC, January 2024
- MEDPAC, July 2023 A Profile of Medicare-Medicaid Enrollees (Dual Eligibles), KFF,
- January 2023
- · A Profile of Medicare-Medicaid Dual Beneficiaries, ATI Advisory and Arnold Ventures, June 2022

· A Data Book: Health Care Spending and the Medicare Program,

#### COMPLEX HEALTH CARE NEEDS IMPACT SPENDING

- · A Profile of Medicare-Medicaid Enrollees (Dual Eligibles), KFF, January 2023
- · LTSS Overview, Centers for Medicare & Medicaid Services, September 2023
- How Does Use of Medicaid Wraparound Services by Dual-Eligible Individuals Vary by Service, State, and Enrollees' Demographics?, KFF, January 2024
- Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid, MedPAC and MACPAC, January 2024

#### LIMITED COORDINATED CARE

- · Policy Options to Create a Person-Centered Enrollment Infrastructure for Medicare-Medicaid Enrollees, Community Catalyst, July 2023
- Report to Congress on Medicaid and CHIP, Chapter 6: Improving Integration for Dually Eligible Beneficiaries: Strategies for State Contracts with Dual Eligible Special Needs Plans, MACPAC, June 2021

- · People Dually Eligible for Medicare and Medicaid, Medicare-Medicaid Coordination Office. Centers for Medicare & Medicaid Services, March 2023
- FY 2022 Medicare-Medicaid Coordination Office Report to Congress, Centers for Medicare & Medicaid Services, March 2023
- A Profile of Medicare-Medicaid Dual Beneficiaries, ATI Advisory and Arnold Ventures. June 2022
- · Report to Congress on Medicaid and CHIP, Chapter 5: Raising the Bar: Requiring State Integrated Care Strategies, MACPAC, June 2022

#### WAYS TO IMPROVE COORDINATION OF MEDICAID AND MEDICARE

- · Policy Options to Create a Person-Centered Enrollment Infrastructure for Medicare-Medicaid Enrollees, Community Catalyst, July 2023
- · Report to Congress on Medicaid and CHIP. Chapter 5: Raising the Bar: Requiring State Integrated Care Strategies, MACPAC, June 2022
- 10 Things to Know about Medicare Advantage Dual-Eligible Special Needs Plans (D-SNPs), KFF, February 2024

#### **UNDERSTANDING DUAL ELIGIBLES**

- · Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid, MedPAC and MACPAC, January 2024
- · Medicare Savings Programs, MACPAC, 2021
- · Medicare Advantage Dual Eligible Special Needs Plans, MACPAC
- · Report to Congress on Medicaid and CHIP: Chapter 1, Integrating Care for Dually Eligible Beneficiaries: Background and Context, MACPAC, June 2020
- Supplemental Security Income (SSI), Social Security Administration

# **DUALLY ELIGIBLE IN AMERICA**

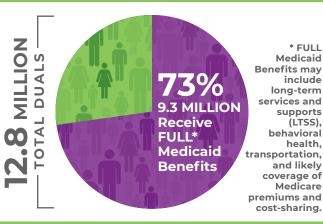
**Complex Care** and Needs of **Medicaid and Medicare** Beneficiaries



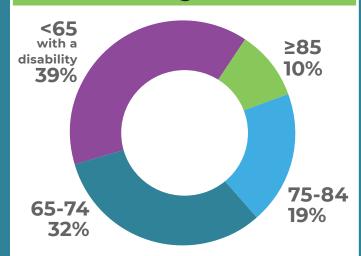


## INDIVIDUALS WITH MEDICAID & MEDICARE

## **Dual Enrollees Population**



### Age



#### Income

LESS THAN \$20,000

Full-Benefit Dual-Eligible Enrollees

86%

Medicare-Only Beneficiaries



### Languages



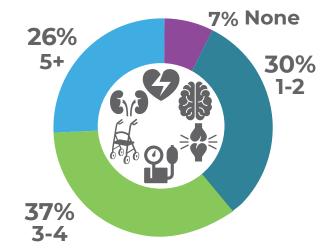
Full-benefit dual-eligible enrollees are more likely to speak a LANGUAGE OTHER THAN ENGLISH.



## COMPLEX HEALTH CARE NEEDS IMPACT SPENDING

Health Status of Full-Benefit Dual-Eligible Enrollees

#### **NUMBER OF CHRONIC CONDITIONS**



### **Need for LTSS**

1<sub>IN</sub> 4



LTSS for activities that help people live at home or in the community.

## **Disproportionate Spending**

Full-benefit dual-eligible enrollees account for a disproportionate share of spending.







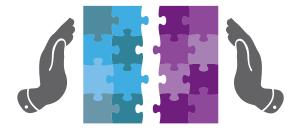
## LIMITED COORDINATED CARE

## **Lack of Coordination**

LACK OF COORDINATION between Medicaid and Medicare may lead to fragmented care, poor health outcomes, and increased state spending.

NATION d and d to

Programs that INTEGRATE Medicaid and Medicare benefits promote CARE COORDINATION.



Only about ONE IN FIVE full-benefit dual-eligible enrollees are enrolled in INTEGRATED Medicaid and Medicare plans.



## **State Initiatives**

The availability of integrated health care models and level of integration vary by state.



## WAYS TO IMPROVE COORDINATION OF MEDICAID AND MEDICARE

#### **Promote Awareness**



## **Support States**

ADVOCATE for federal funding to increase state capacity to integrate care, such as administrative costs and hiring and training staff in Medicare.



## **Simplify Options**

