There are 12.2 million people simultaneously enrolled in Medicare and Medicaid. This so-called “dual-eligible” population is most often elderly or disabled and has complex health needs. Forced to navigate between two separate government programs, dual-eligible individuals face a mountain of red tape, waste, and a lack of coordination – resulting in higher costs and worse health outcomes. Better integrating Medicare and Medicaid represents a key opportunity for policymakers who care about government spending and improving care delivery for vulnerable populations.

We spend nearly $2X more on care for dual-eligible individuals than other Medicare and Medicaid-eligible individuals:

- **Total Spending:** On average, total spending for dual-eligible individuals in 2020 was almost double their non-dual-eligible counterparts – $23,552 compared with $10,549.1
- **Medicare:** Dual-eligible individuals make up 19% of the Medicare population but represent 34% of aggregate Medicare spending.4
- **Medicaid:** Dual-eligible individuals make up 14% of the Medicaid population but represent 30% of aggregate Medicaid spending.5

**WORSE HEALTH OUTCOMES:** Despite significantly more spending, dual-eligible individuals report 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.
- Dual-eligible individuals are less likely to report good or excellent health compared to their Medicare-only counterparts (21% vs. 52%, respectively).

**HIGHER COST CARE:** Poorer health often results in last-resort, more expensive settings of care for people who are dual-eligible.8

- 23% of full-benefit dual-eligible individuals have at least one inpatient hospital stay per year (Medicare-only: 14%)
- 34% of full-benefit dual-eligible individuals have at least one emergency department visit per year (Medicare-only: 17%)
- 13% of full-benefit dual-eligible individuals use at least one day of home health care services per year (Medicare-only: 7%)
GREATER HEALTH AND SOCIAL NEEDS: The dual-eligible population is more likely to be frail and unable to independently carry out activities of daily living (ADL’s) – including bathing, getting dressed, etc.\(^9\)

Limitations in 1-2 ADLs
- 23% of dual-eligible individuals; 12% of Medicare-only individuals.

Limitations in 3-6 ADLs
- 24% of dual-eligible individuals; 6% of Medicare-only individuals.

MORE CHRONIC CONDITIONS: Dual-eligible individuals suffer from more chronic conditions than their Medicare-only counterparts.\(^10\)

- 26% of dual-eligible individuals have 5+ chronic conditions and 15% of Medicare-only beneficiaries have 5+ chronic conditions.

RACIAL DISPARITIES: Dual-eligible individuals are disproportionately Black, Hispanic, and from other communities of color.\(^11\)

**Dual-eligible Individuals:**
- 54% White/non-Hispanic
- 21% Black/non-Hispanic
- 17% Hispanic
- 8% Other

**Medicare-only Individuals**
- 82% White/non-Hispanic
- 9% Black/non-Hispanic
- 3% Hispanic
- 6% Other

END NOTES
1-7 MedPAC/MACPAC 2023 Databook – Beneficiaries Dually Eligible for Medicare and Medicaid
8 ATI 2022 Chartbook – A Profile of Medicare-Medicaid Dual Beneficiaries
9 MedPAC/MACPAC 2023 Databook – Beneficiaries Dually Eligible for Medicare and Medicaid
10 Kaiser Family Foundation 2023 Issue Brief – A Profile of Medicare-Medicaid Enrollees
11 MedPAC/MACPAC 2023 Databook – Beneficiaries Dually Eligible for Medicare and Medicaid