

Dual-Eligibility Facts & Figures



There are **12.2 million people**¹ 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 **2X²** 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 \$10,549.³
- **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

\$456 BILLION

Amount spent, in aggregate, each year on providing care and coverage to the dual-eligible population.⁶

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



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

(Medicare-only: 14%)



of full-benefit dual-eligible individuals have at least one emergency department visit per year

(Medicare-only: 17%)

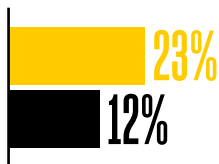


of full-benefit dual-eligible individuals use at least one day of home health care services per year

(Medicare-only: 7%)

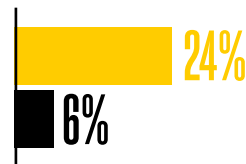
GREATER HEALTH AND SOCIAL NEEDS:

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

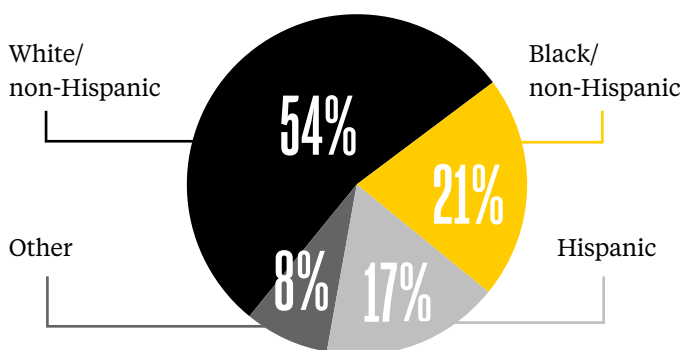


26%

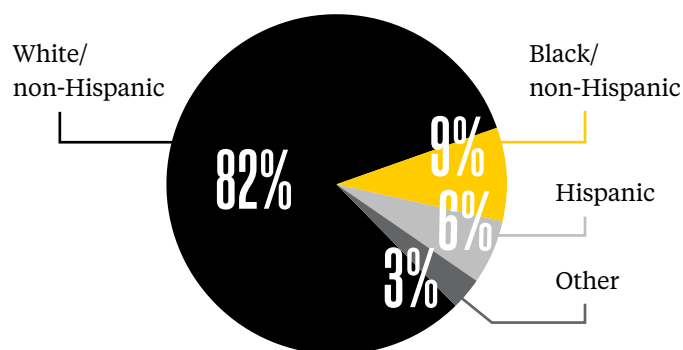
of dual-eligible individuals have 5+ chronic conditions and 15% of Medicare-only beneficiaries have 5+ chronic conditions.

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

Dual-eligible Individuals:



Medicare-only Individuals



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](#)