

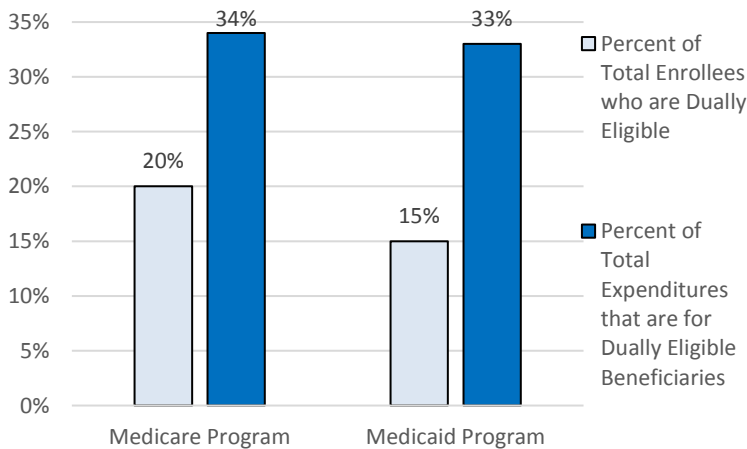
PEOPLE ENROLLED IN MEDICARE AND MEDICAID

In 2016, there were 11.7 million individuals simultaneously enrolled in Medicare and Medicaid.¹ These dually eligible beneficiaries experience high rates of chronic illness, with many having multiple chronic conditions and/or long-term care needs. Forty-one percent of dually eligible beneficiaries have at least one mental health diagnosis, while 68 percent have three or more chronic conditions.² About half of dually eligible beneficiaries use some kind of long-term supports and services (be it institutional, home and community-based supports (HCBS) waiver or HCBS state plan).³ Eighteen percent of dually eligible beneficiaries report that they have “poor” health status, compared to six percent of other Medicare beneficiaries.⁴

Dually eligible beneficiaries must navigate two separate programs: Medicare for the coverage of most preventive, primary, and acute health care services and drugs, and Medicaid for the coverage of long-term care supports and services, certain behavioral health services, and for help with Medicare premiums and cost-sharing.

Dually eligible beneficiaries account for a disproportionately large share of expenditures in both the Medicare and Medicaid programs. In 2012, dually eligible beneficiaries accounted for 20 percent of Medicare enrollees, yet 34 percent of Medicare spending. The same individuals comprised 15 percent of Medicaid enrollees and 33 percent of Medicaid spending.⁵

SHARE OF MEDICAID AND MEDICARE ENROLLMENT AND COSTS ASSOCIATED WITH DUALLY ELIGIBLE BENEFICIARIES, IN 2012⁵



Nationally, in 2012:

- Dually eligible beneficiaries made up 20% of total Medicare enrollees and 34% (\$187 billion) of total Medicare expenditures.
- Dually eligible beneficiaries made up 15% of total Medicaid enrollees and 33% (\$119 billion) of total Medicaid expenditures.

In 2012, dually eligible beneficiaries accounted for approximately \$306 billion in federal and state spending, of which \$187 billion was Medicare spending and \$119 billion was Medicaid spending.⁶ This spending reflects the significant costs of a population with low income and high health care needs; however, there is opportunity for savings through improved care coordination, better treatment, burden reduction, and alignment of Medicare and Medicaid rules.

The role of **THE MEDICARE-MEDICAID COORDINATION OFFICE (MMCO)** 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 enrolled in both programs, including by:

- Implementing delivery system reform, including models that integrate Medicare and Medicaid service delivery and financing and eliminate cost-shifting between the two programs;
- Investing in new ways to support beneficiaries in accessing care and understanding their Medicare and Medicaid benefits;
- Providing support to states to develop and implement new models, including models that address regulatory conflicts between Medicare and Medicaid;
- Providing support to providers and health plans to engage in new models that promote access to care, continuity of care, and safe care transitions;
- Making data more accessible to improve care to beneficiaries; and
- Improving the ways we measure and hold providers accountable for quality.

For more information, visit <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/>.

¹ Medicare-Medicaid Coordination Office, Medicare-Medicaid Dual Enrollment from 2006 through 2016. Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/Downloads/Eleven-YearEver-EnrolledTrendsReport_2006-2016.pdf

² Medicare-Medicaid Coordination Office, National Profile 2012. Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/NationalProfile_2012.pdf

^{3, 6} Ibid

⁴ The Medicare Payment Advisory Committee (MedPAC) and the Medicaid and CHIP Payment and Access Commission (MACPAC), Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid, January 2018. Available at: <https://www.macpac.gov/publication/data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid-3/>

⁵ Medicare-Medicaid Coordination Office, National Profile 2012. Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/NationalProfile_2012.pdf