

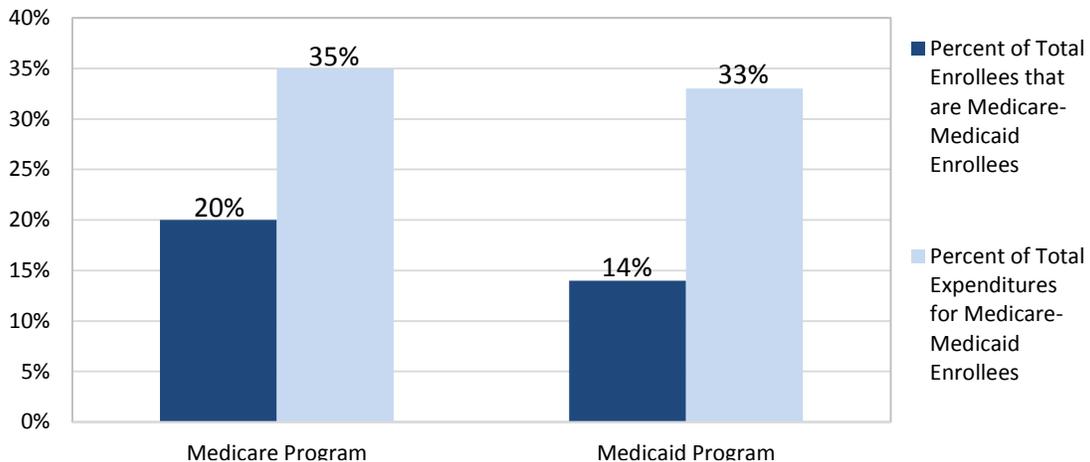
PEOPLE ENROLLED IN MEDICARE AND MEDICAID

In 2013, there were 10.7 million individuals simultaneously enrolled in both the Medicare and Medicaid programs.¹ Medicare-Medicaid enrollees, or “dual eligibles,” experience high rates of chronic illness, with many having multiple chronic conditions and/or long-term care needs. Forty-one percent of Medicare-Medicaid enrollees have at least one mental health diagnosis, while 60 percent have multiple chronic conditions.² Twenty-one percent live in institutional settings, compared to only five percent of Medicare beneficiaries who are not also eligible for Medicaid. Seventeen percent of Medicare-Medicaid enrollees report that they have “poor” health status, compared to six percent of other Medicare beneficiaries.³

Medicare-Medicaid enrollees must navigate two separate programs: Medicare for the coverage of basic acute health care services and drugs, and Medicaid for the coverage of long-term care supports and services, certain behavioral health services, and to help with Medicare premiums and cost-sharing.

Medicare-Medicaid enrollees account for a disproportionately large share of expenditures in both the Medicare and Medicaid programs. In 2011, Medicare-Medicaid enrollees accounted for 20 percent of Medicare enrollees, yet 35 percent of Medicare spending. In Medicaid, the individuals comprised only 14 percent of enrollees but represented 33 percent of Medicaid spending.⁴

SHARE OF MEDICAID AND MEDICARE ENROLLMENT AND COSTS ASSOCIATED WITH MEDICARE-MEDICAID ENROLLEES IN 2011



In 2011, Medicare-Medicaid enrollees accounted for approximately \$294 billion in federal and state spending, of which \$180 billion was Medicare spending and \$114 billion was Medicaid spending.⁵ This spending mostly 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, simplification, and the alignment of Medicare and Medicaid rules.

The role of **THE MEDICARE-MEDICAID COORDINATION OFFICE**⁶ (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:

- Advancing delivery system reform and testing models that integrate Medicare and Medicaid service delivery and financing and eliminate cost-shifting between the two programs;
- Encouraging long-term services and supports in community-based settings wherever possible, while improving the quality of facility-based health care and long-term services;
- Investing in new ways to support beneficiaries in accessing care and understanding their Medicare and Medicaid benefits;
- Providing more support to states to develop and implement new models, including models that address regulatory conflicts between Medicare and Medicaid;
- Providing more support to providers 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
- Developing performance measures that reflect beneficiary experience and quality of services provided to high-need, high-cost individuals, including Medicare-Medicaid enrollees.

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 2013 (December 2014). Available at: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/DualEnrollment20062013.pdf>

² Physical and Mental Health Condition Prevalence and Comorbidity among Fee-For-Service Medicare-Medicaid Enrollees. Centers for Medicare & Medicaid Services, September 2014. Available at: http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Dual_Condition_Prevalence_Comorbidity_2014.pdf

³ 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 2016. Available at: <http://medpac.gov/documents/publications/january-2016-medpac-and-macpac-data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid.pdf?sfvrsn=0>.

⁴ 2011 National Profile at <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html>

⁵ Ibid

⁶ Created in Section 2602 of the ACA, the statutory name for the office is the Federal Coordinated Health Care Office.