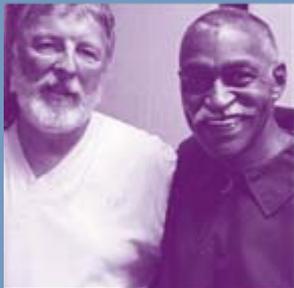


Dual Eligibles: National Data Snapshot



April 27, 2010

Melanie Bella
Center for Health Care Strategies

Dual Eligibles: National Enrollment

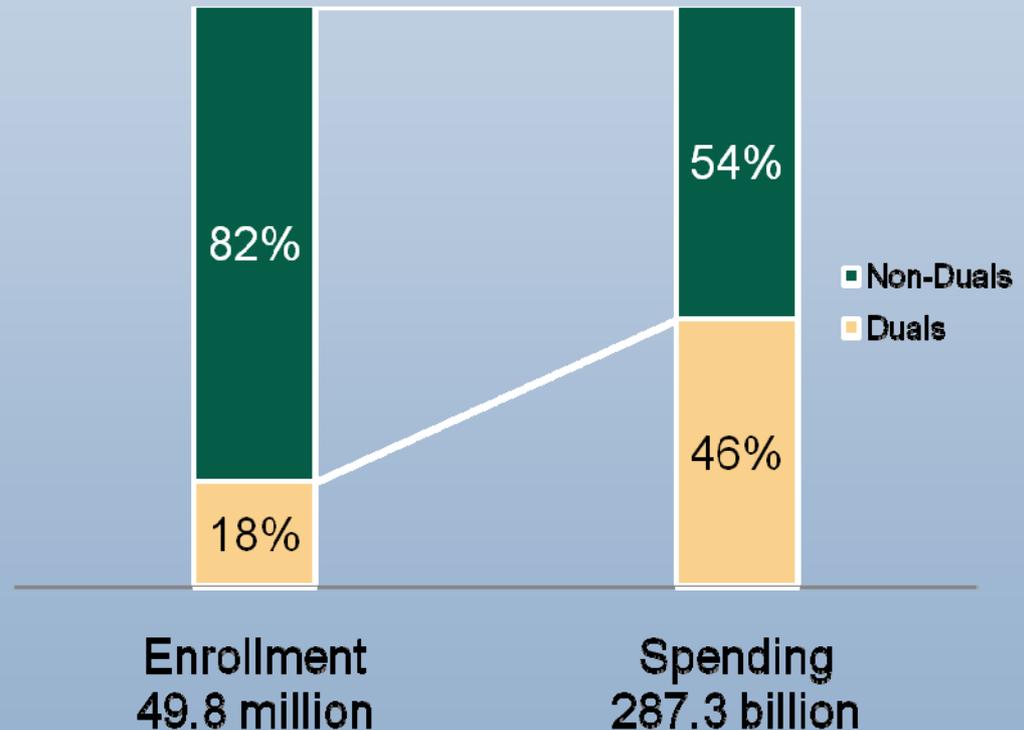
- 8.8 million people entitled to Medicare and some level of Medicaid benefits
- 7.1 million receive full Medicaid benefits (in addition to assistance with Medicare premiums and cost-sharing)
- 1.7 million (i.e., “partial” duals) receive only assistance with Medicare premiums and cost-sharing

Source: Urban Institute estimates based on 2005 data from MSIS and CMS Form 64, prepared for the Kaiser Commission on Medicaid and the Uninsured, 2008.

Who are the Dual Eligibles?

- 8.8 million duals drive nearly half of Medicaid and one quarter of Medicare spending, roughly \$250 billion combined.
- 87% of duals have 1 or more chronic condition.
- 1.6 million duals with annual Medicaid costs of more than \$25,000 account for more than 70% of all dual spending.

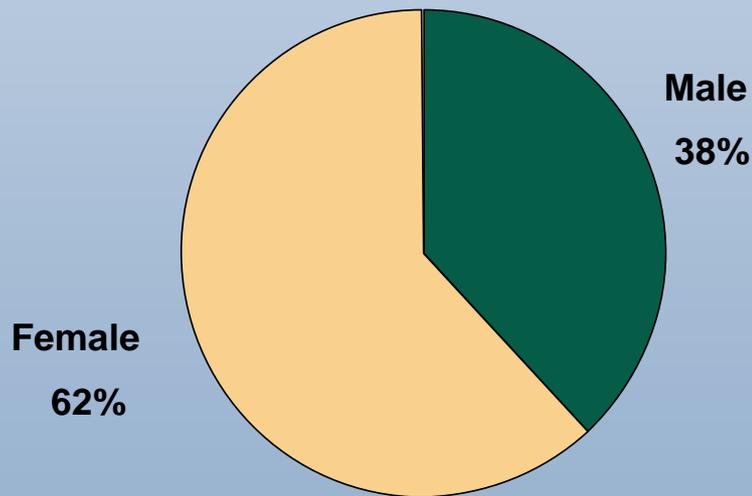
Dual Eligibles' Share of Medicaid Enrollment and Spending, FFY 2005



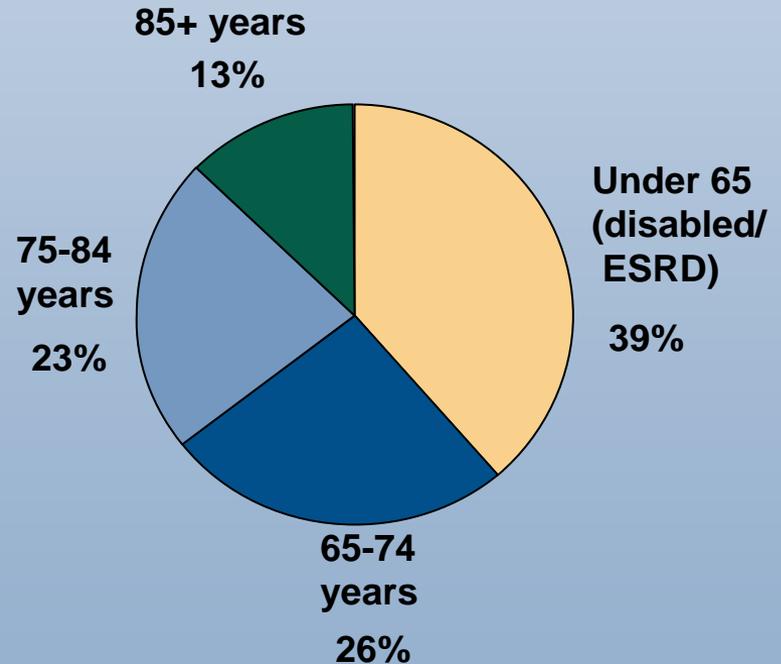
Source: Urban Institute estimates based on data from MSIS and CMS Form 64, prepared for the Kaiser Commission on Medicaid and the Uninsured, 2008

Dual eligibles are predominantly female, and span all age groups

Gender



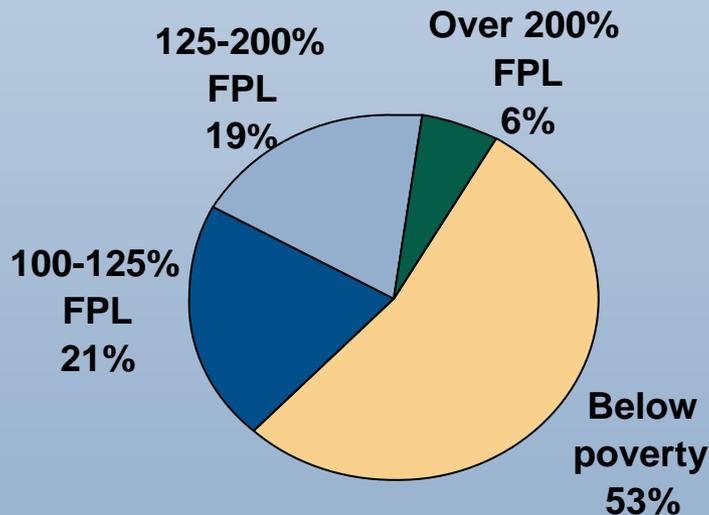
Age group



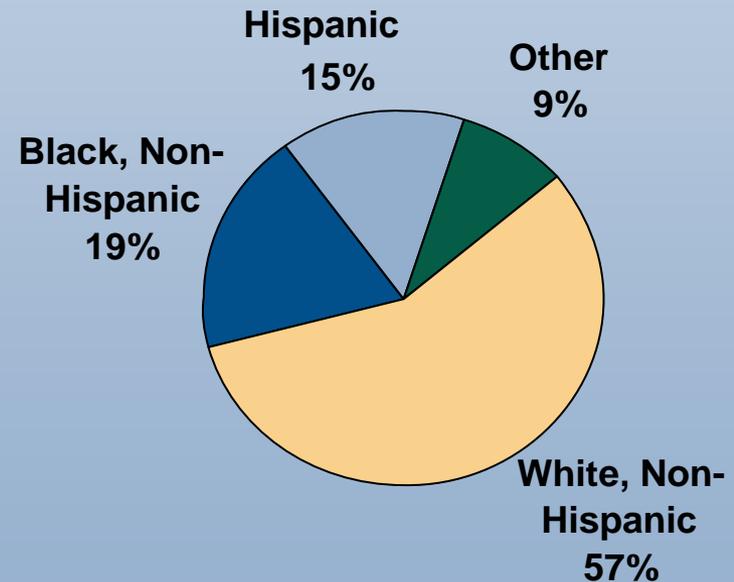
Source: Hilltop Institute; MedPac, June 2008; based on data from the 2005 MCBS

Dual eligibles are predominantly low-income and white

Income status



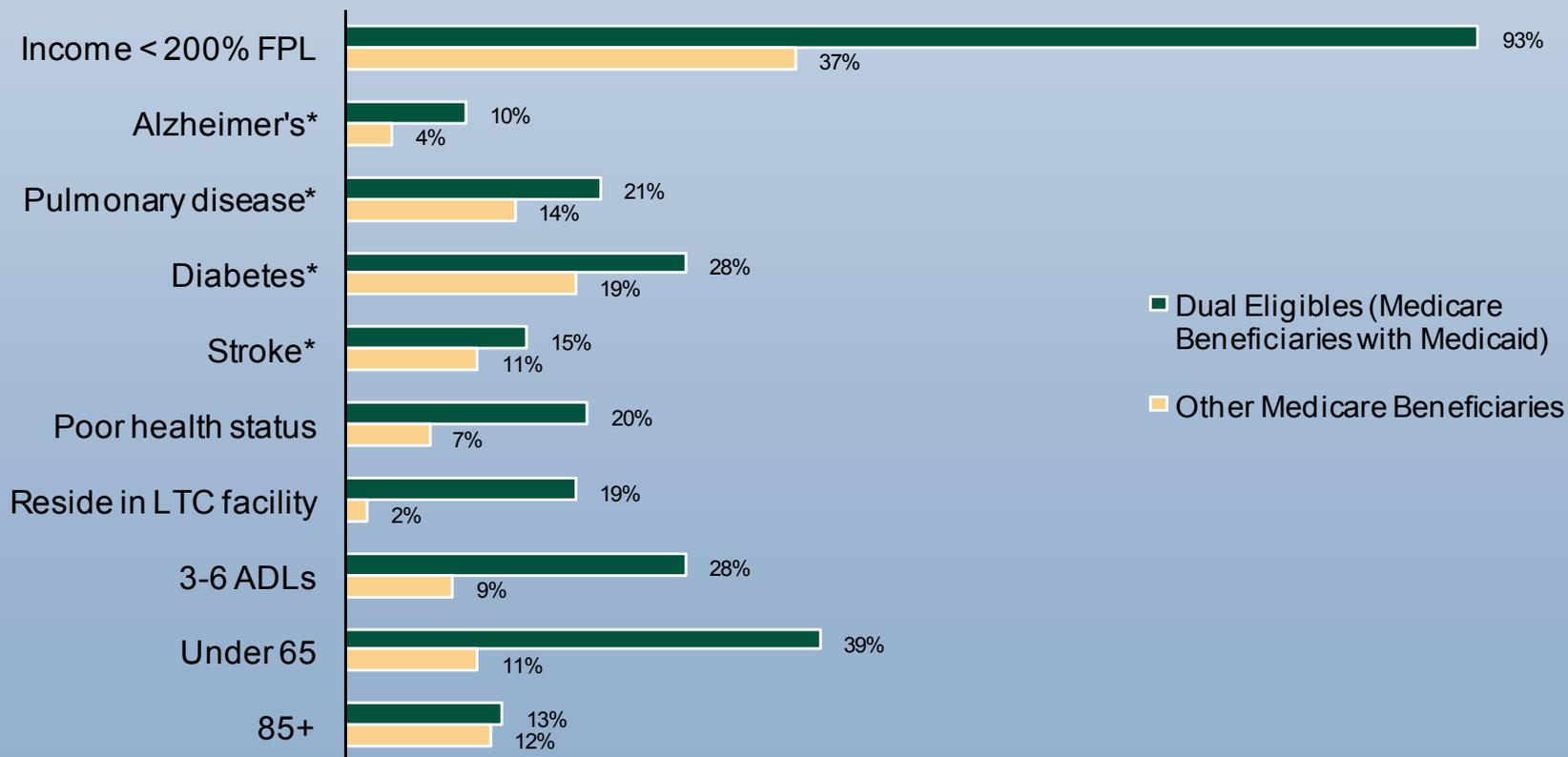
Race/ethnicity



Source: Hilltop Institute; MedPac, June 2008; based on data from the 2005 MCBS

Duals are sicker and more functionally impaired than other Medicare beneficiaries

**Characteristics of Dual Eligibles
Compared to Other Medicare Beneficiaries, 2005**

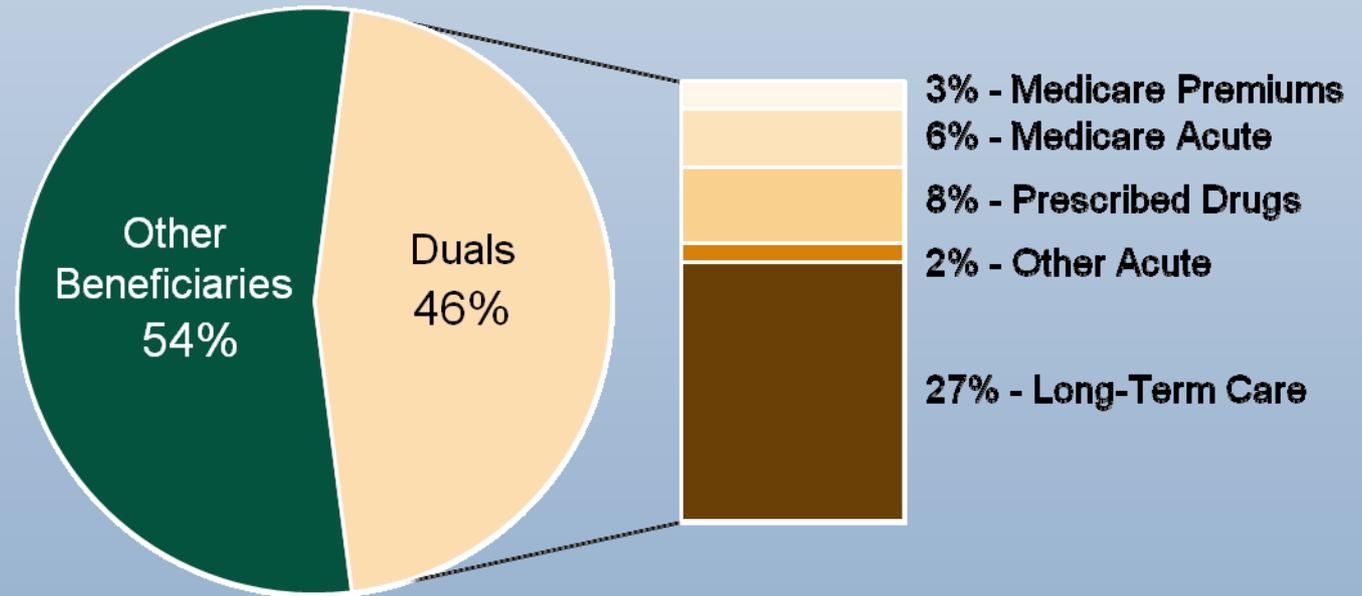


Source: Hilltop Institute -- MedPac, June 2008; based on data from the 2005 MCBS Cost and Use file

*Data from 2003 MCBS http://www.cms.hhs.gov/MCBS/Downloads/CNP_2003_dhsec8.pdf

Dual eligibles represent 18% of Medicaid enrollment yet account for 46% of costs

Dual Eligibles: Medicaid Spending, FY 2005

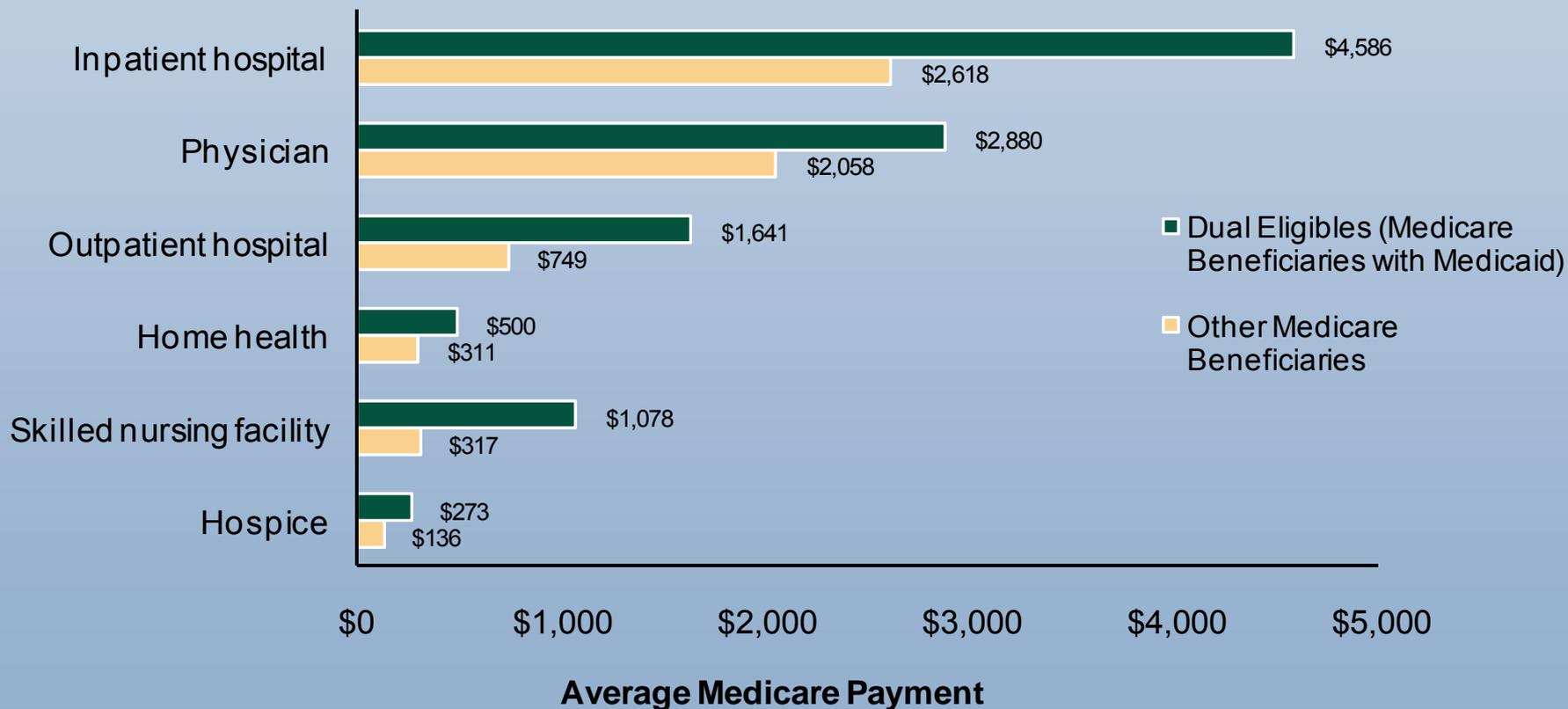


Total Medicaid Spending
\$287.3 Billion

Total Spending on Duals
\$132.2 Billion

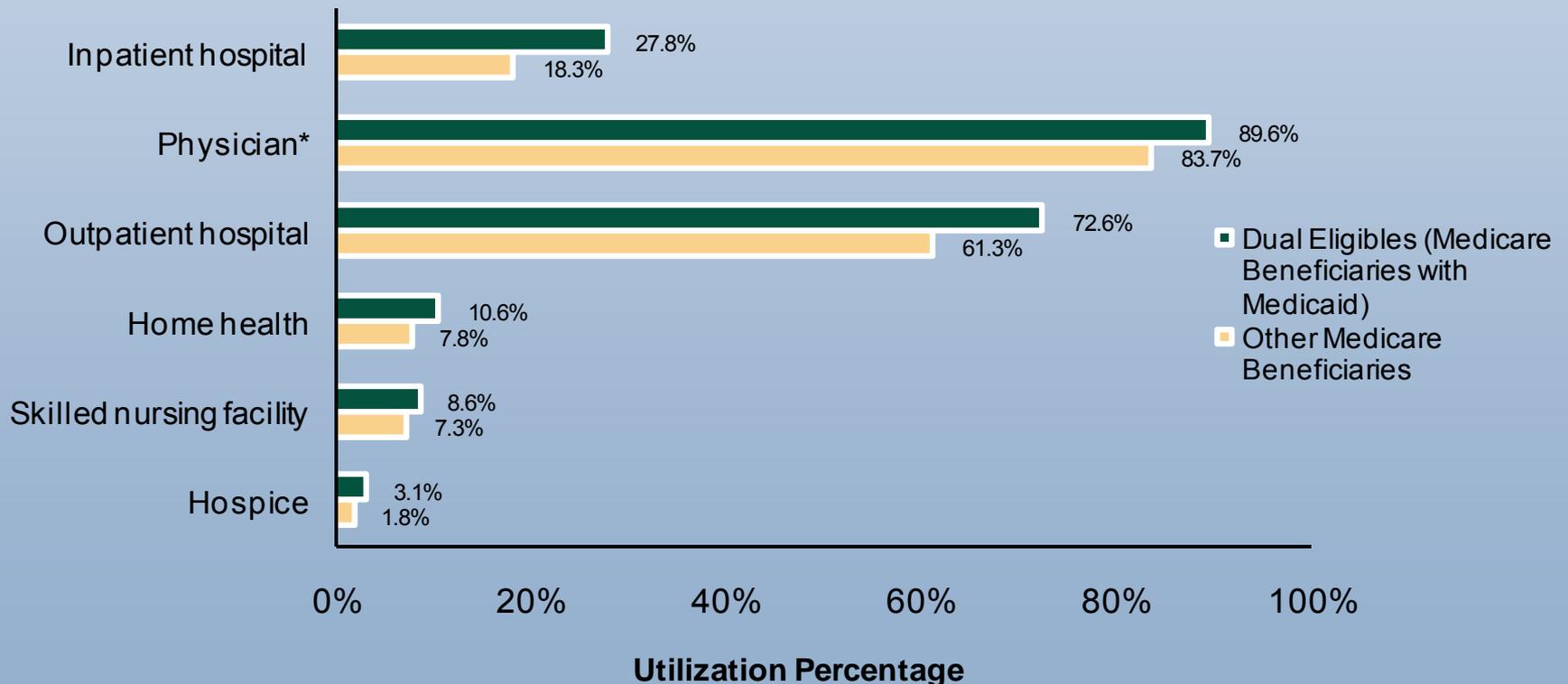
Costs are higher for duals than non-dual Medicare beneficiaries across all major services . . .

**Average Medicare Payment,
by Service Type and Eligibility Status, 2005**

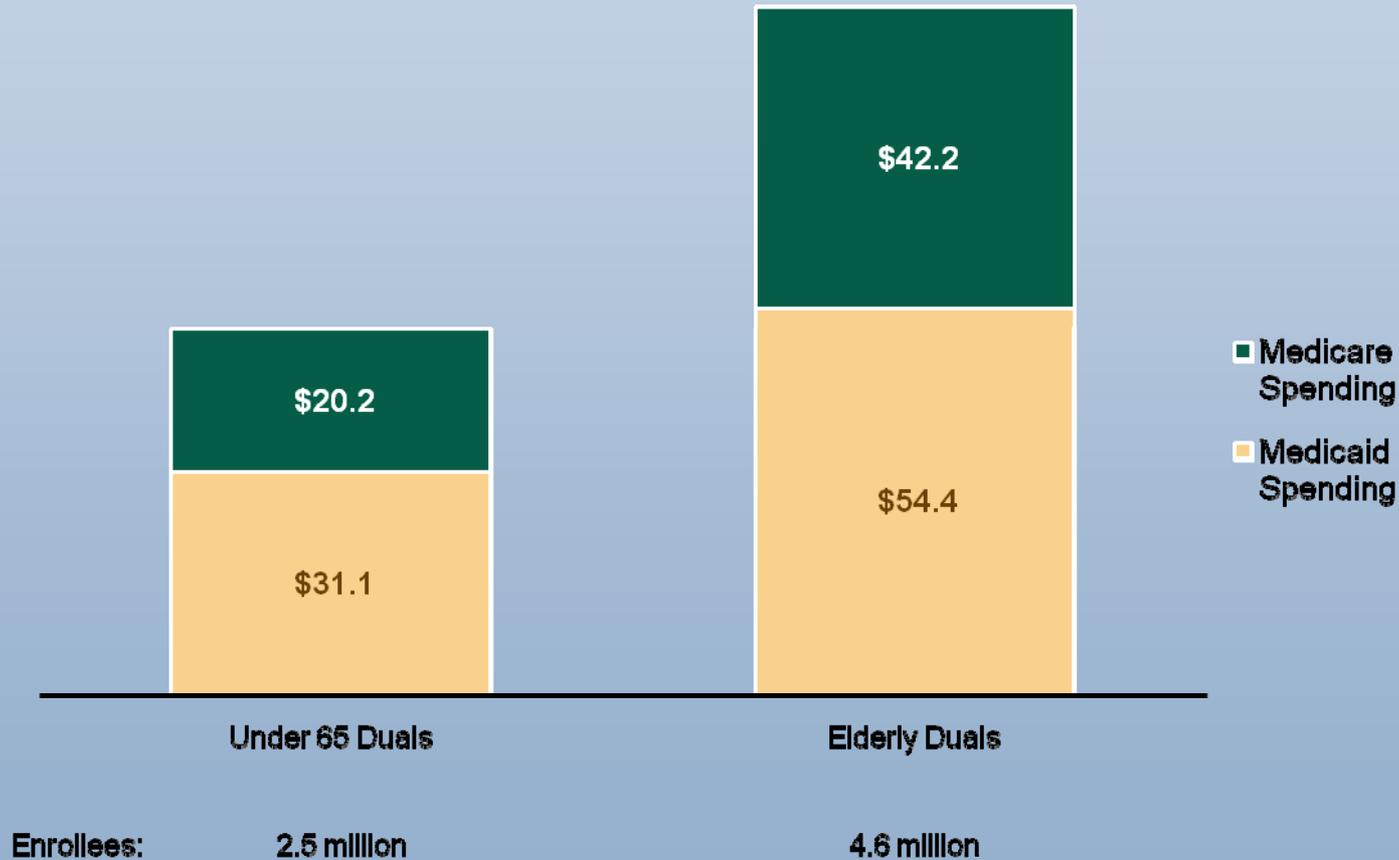


... and dual eligibles also use all services at a higher rate.

Percentage of Medicare Beneficiaries Using Service, by Service Type and Eligibility Status, 2005

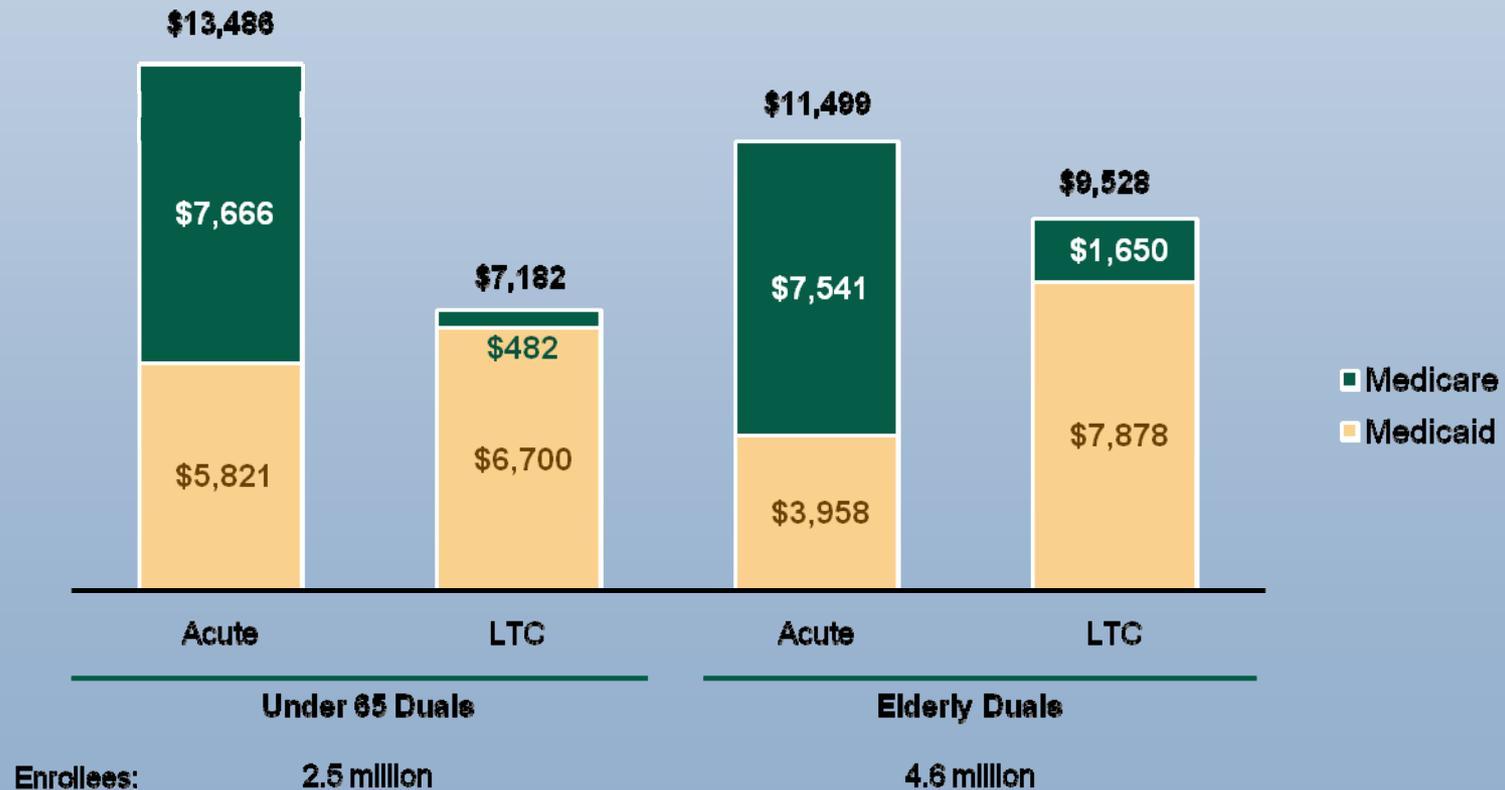


Total Medicaid and Medicare Spending for Duals by Age, 2003

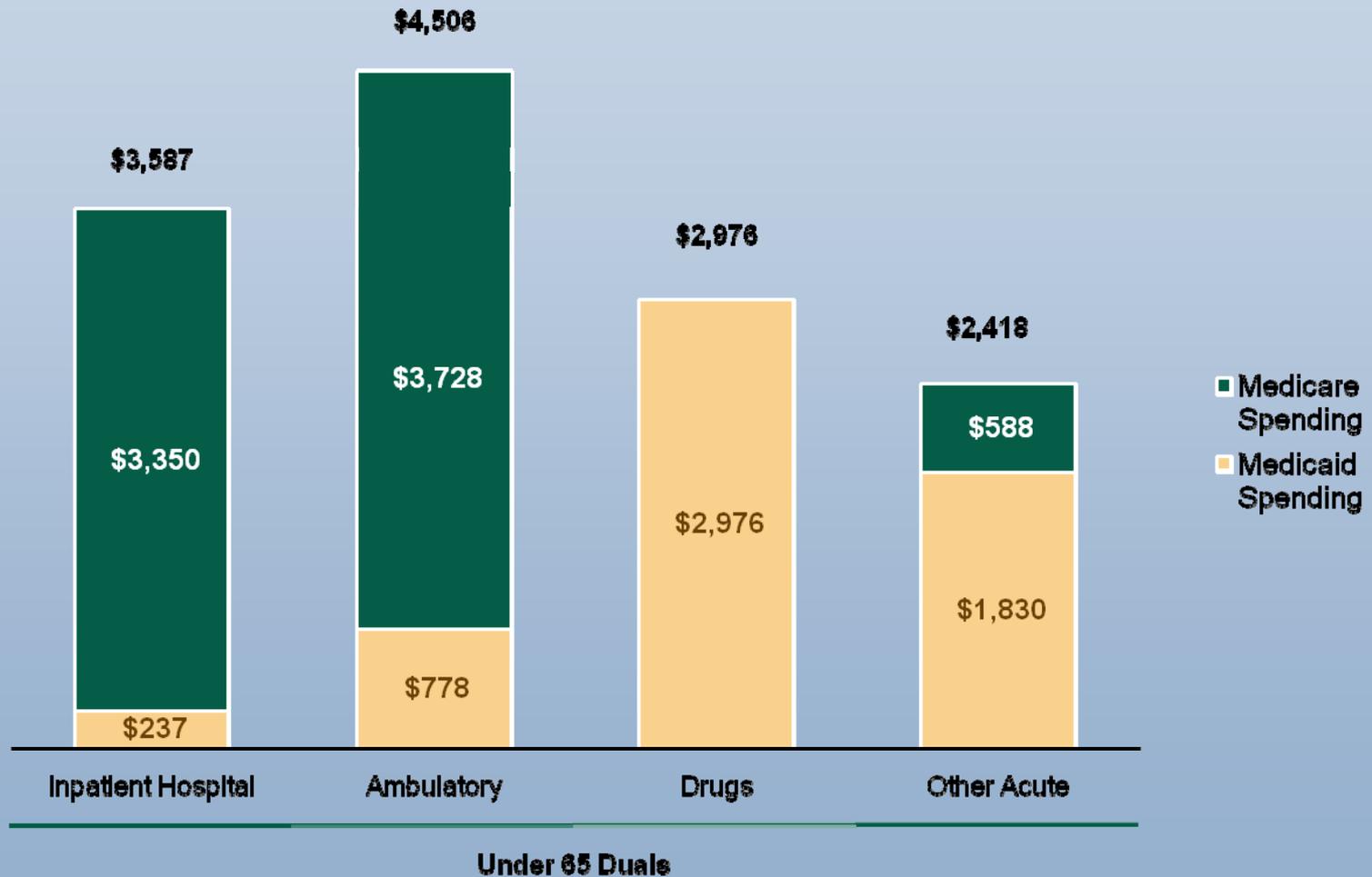


For acute care, Medicaid pays for a greater share of costs for younger duals (under 65) than for elderly duals

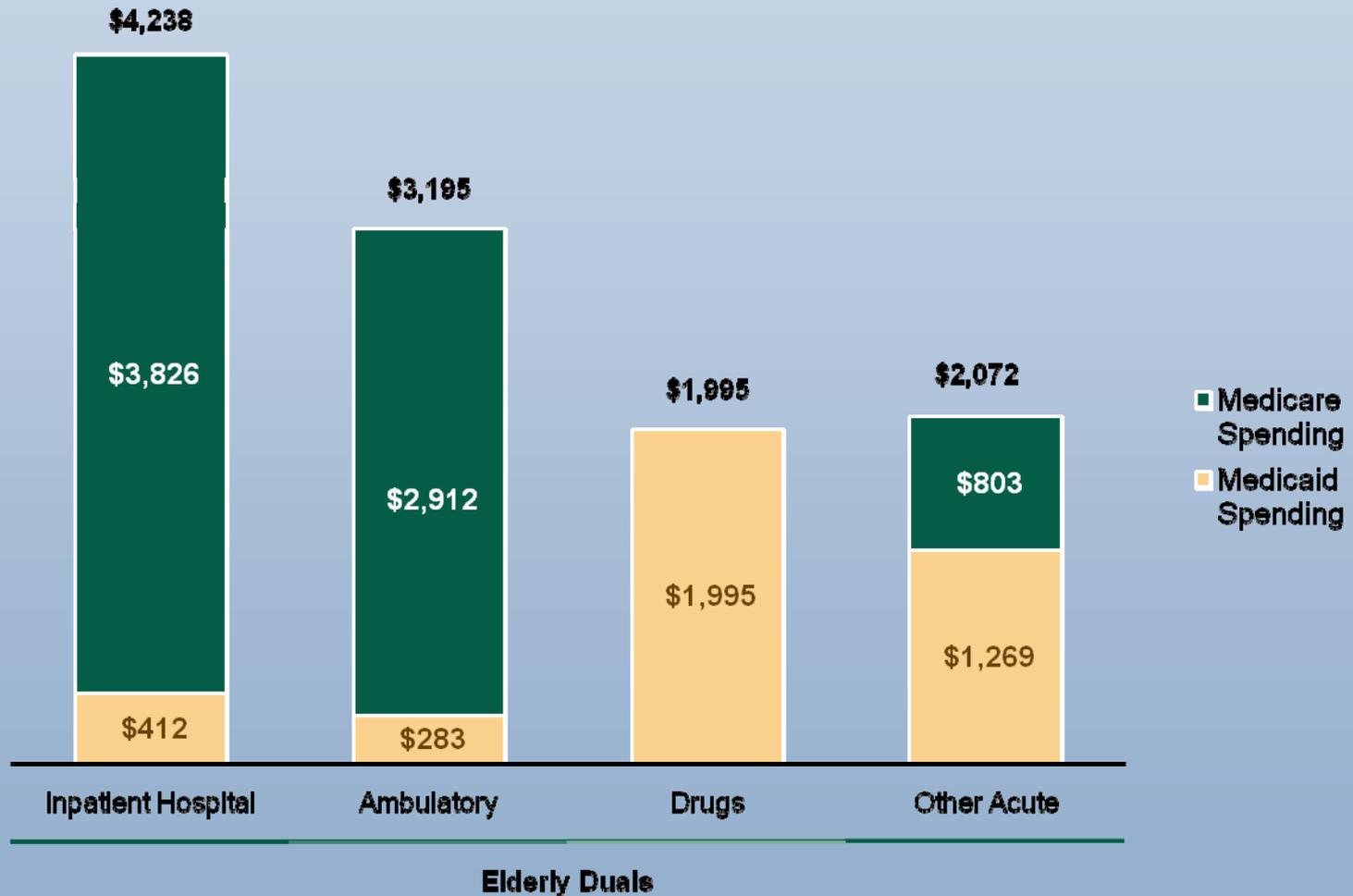
**Medicaid and Medicare Spending
Per Dual Enrollee, Age and Setting, 2003**



Acute Care Costs for Duals Under 65, 2003

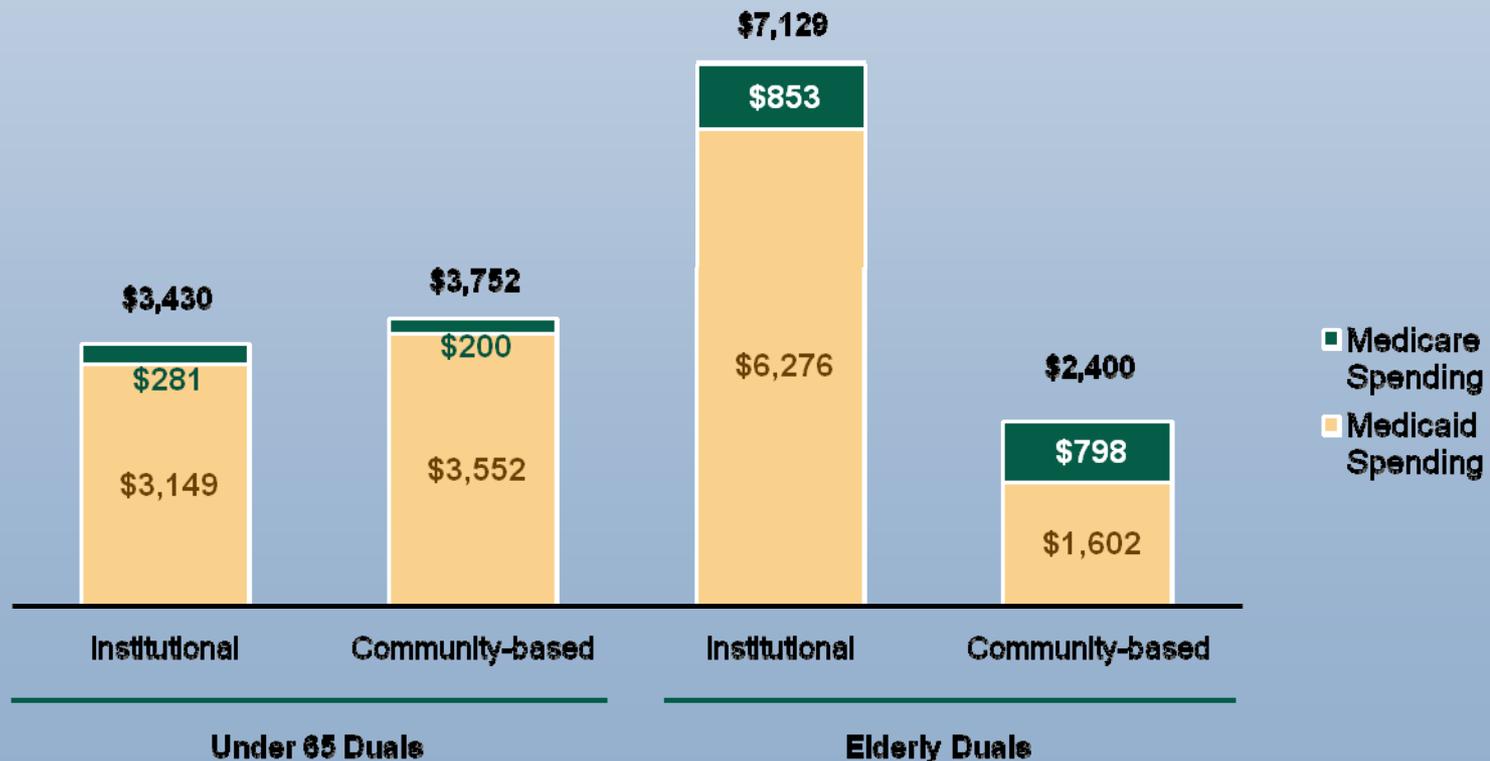


Acute Care Costs for Elderly Duals, 2003



Among elderly duals, spending is concentrated on institutional care – nearly 3x community-based costs.

**Medicaid and Medicare Spending
Per Dual Enrollee by Age and LTC Setting, 2003**



Dual Eligibles: Disease Prevalence

DISEASE	PREVALENCE AMONG DUALS
Cardiovascular	54%
Psychiatric	52%
Central Nervous System	28%
Skeletal and Connective	22%
Diabetes	22%

Source: R.G. Kronick, M. Bella, T. Gilmer. *The Faces of Medicaid III: Refining the Portrait of People with Multiple Chronic Conditions*. Center for Health Care Strategies, October 2009.

Duals: Current Health Delivery System

- 8.8 million dual eligible beneficiaries nationally
- Under 120,000 duals are in fully integrated special needs plans



Roughly 99% of duals are in uncoordinated, fragmented care

Integration can improve care and outcomes by ...

- Looking for areas of high overlap between Medicaid and Medicare, duplications, avoidable utilization, gaps in care, etc.
 - ▶ Inpatient hospital: avoidable hospitalizations for institutionalized and community-based duals
 - ▶ Home health: overlaps, proxies to show utilization driven by “cost shifting”
 - ▶ SNF AND NF: overlaps, opportunities for cost shifting
 - ▶ Pharmacy: utilization and spending broken out by institutionalized vs. non-institutionalized, polypharmacy, contra-indications
- Coordinating (Medicare) hospital discharge planning with (Medicaid) community-based supports and services
- Improving transitions between institutional and community settings, such as hospital and home, hospital and nursing facility, nursing facility and home

Questions?

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