


January 25, 2024

Highlights from the 2024 Edition of the Duals Data Book

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Medicaid and CHIP Payment and Access Commission

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Overview

- Compiles information on people who were dually eligible for Medicaid and Medicare in calendar year (CY) 2021
 - Demographic characteristics
 - Eligibility pathways and enrollment
 - Utilization and spending
 - Trends in population composition, spending, and service use between CY 2018 and CY 2021
- Joint publication with the Medicare Payment Advisory Commission (MedPAC)

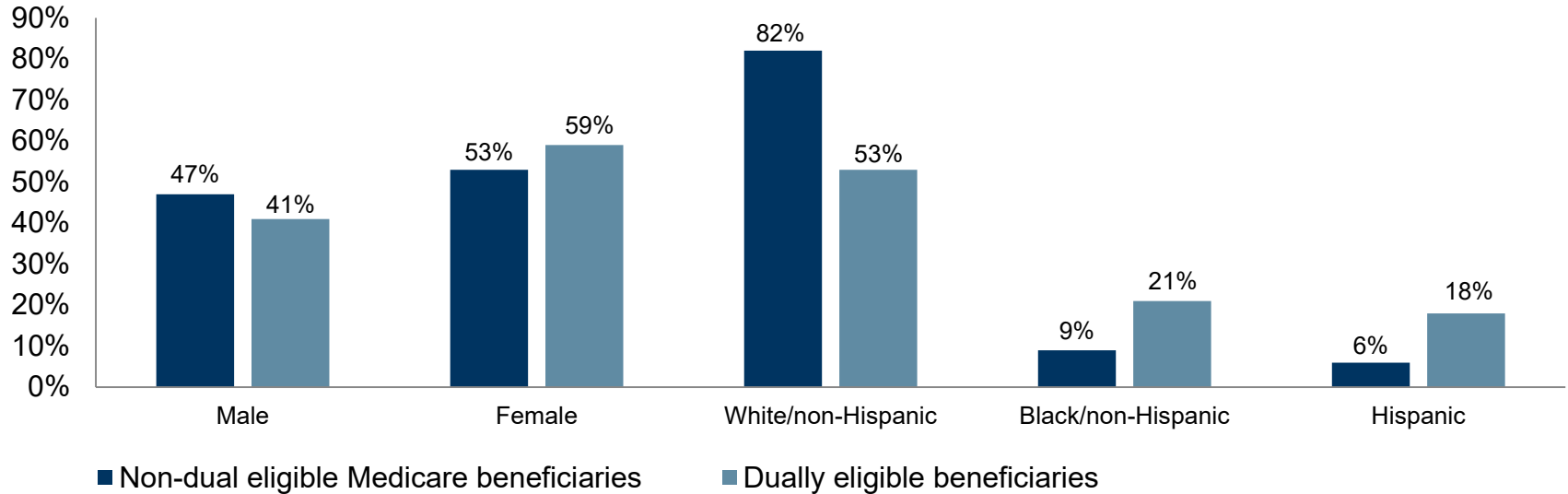
Update in 2024 Edition

- New exhibit showing overlap between Medicare and Medicaid managed care enrollment in CY 2021 (Exhibit 13)
 - Enrollment in both Medicare Advantage and comprehensive Medicaid managed care
 - Enrollment in both fee-for-service (FFS) and managed care
 - Enrollment exclusively in FFS Medicare and FFS Medicaid

Key Statistics, CY 2021

- Full-benefit dually eligible beneficiaries account for a disproportionate share of Medicaid spending relative to enrollment
 - 27 percent of spending compared to 10 percent of enrollment
- Dually eligible beneficiaries were less likely than non-dual eligible Medicaid beneficiaries to have had at least one month of enrollment in comprehensive Medicaid managed care
 - 42 percent compared to 73 percent
- Full-benefit dually eligible beneficiaries in FFS were more likely to use institutional long-term services and supports (LTSS) than non-dual eligible Medicaid beneficiaries
 - 15 percent compared to 4 percent

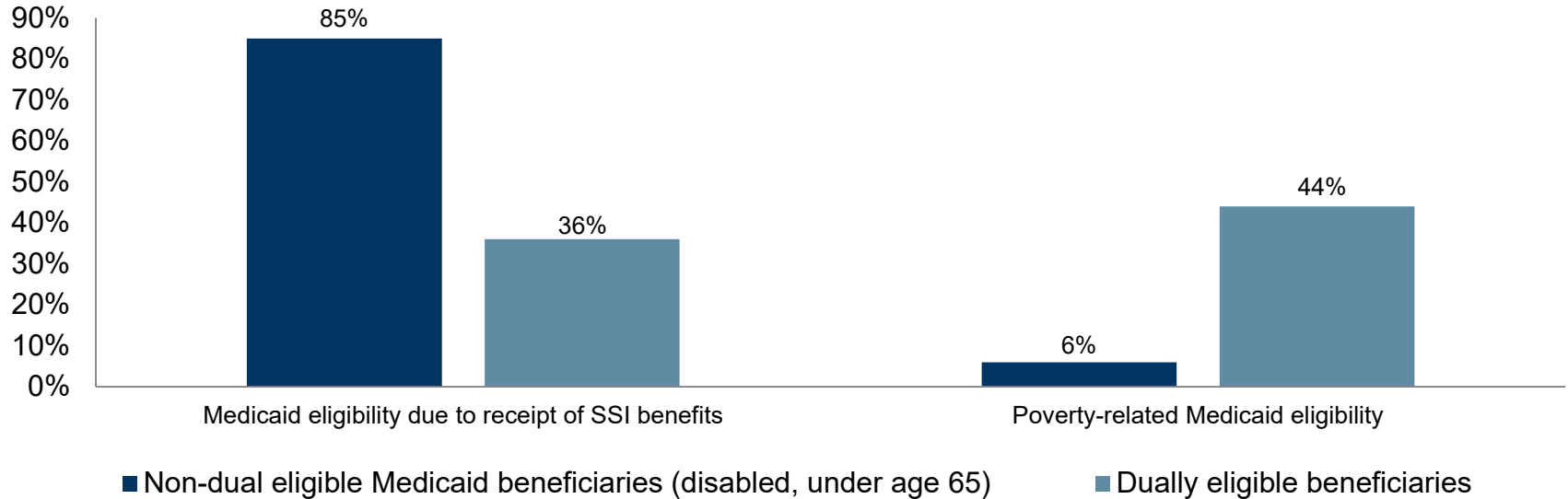
Demographic Characteristics: Comparing Dually Eligible and Non-Dual Eligible Beneficiaries, CY 2021



Note: CY is calendar year. Exhibit includes all dually eligible beneficiaries and non-dual eligible Medicare beneficiaries including people covered in fee-for-service, managed care, and people with end-stage renal disease.

Source: MACPAC, MedPAC, 2024, Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid, January 2024.

Medicaid Eligibility Pathways: Comparing Dually Eligible and Non-Dual Eligible Beneficiaries, CY 2021



Note: CY is calendar year. SSI is Supplemental Security Income. Dually eligible beneficiaries include both full-benefit and partial-benefit dually eligible beneficiaries. The non-dual eligible Medicaid beneficiary category excludes non-disabled Medicaid beneficiaries under age 65 and Medicaid beneficiaries ages 65 and older who did not have Medicare coverage. Eligibility pathways not shown include medically needy, special income limit, and section 1115 waiver.

Source: MACPAC, MedPAC, 2024, Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid, January 2024.

New Exhibit: Overlap Between Medicare and Medicaid Managed Care Enrollment, CY 2021

- One-quarter of all dually eligible beneficiaries had at least one month of enrollment in both Medicare managed care and comprehensive Medicaid managed care
- Dually eligible beneficiaries under age 65 were more likely to have no months of enrollment in managed care compared with dually eligible beneficiaries ages 65 and older
 - 33 percent compared to 25 percent

Service Utilization and Spending in FFS, CY 2021

- Dually eligible beneficiaries were more likely to use institutional LTSS and represented a greater share of total Medicaid spending on institutional LTSS than non-dual eligible individuals
 - Per user spending was \$25,000 lower for dually eligible beneficiaries in FFS
- More dually eligible beneficiaries used home- and community-based services (HCBS) through a waiver than a state plan
 - Compared with CY 2020, a greater share of both dually eligible and non-dual eligible Medicaid beneficiaries used HCBS covered under a state plan

Dually Eligible Trends, CY 2018–2021

- Population grew by 2.0 percent annually on average to include 12.8 million individuals
- Share with at least one month of comprehensive Medicaid managed care enrollment increased by 7.5 percent
- Medicaid spending per beneficiary grew on average by 3.9 percent and for non-dual beneficiaries 8.5 percent per year
- Per user spending on Medicaid inpatient hospital services, institutional LTSS, and prescription drugs grew even as the share of beneficiaries using these services declined


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