January 26, 2023

Highlights from the 2023 Edition of the Duals Data Book

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Medicaid and CHIP Payment and Access Commission



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Overview

- The data book compiles information on people who were dually eligible for Medicaid and Medicare in calendar year (CY) 2020, including:
 - Demographics and characteristics
 - Eligibility pathways and enrollment
 - Utilization and spending
 - Use of long-term services and supports (LTSS) and spending
- The 2023 edition also features trends in population composition, spending, and service use between CY 2018 and CY 2020



Updates in 2023

- Adding back in data showing trends over a three-year period from CY 2018 to CY 2020
- The ongoing shift of beneficiaries from fee for service (FFS) to Medicare Advantage and Medicaid managed care disguises actual trends in the use of and spending on LTSS by dually eligible beneficiaries in FFS (Exhibit 26), so this exhibit was dropped
- Adding back in data on attainment of dual status during the year, including which program they were covered by prior to dual status (Exhibit 13)



Key Statistics, CY 2020

- Full-benefit dually eligible beneficiaries account for a disproportionate share of Medicaid spending relative to enrollment (29 percent vs. 10 percent)
- Most dually eligible beneficiaries qualified for Medicaid via poverty-related pathways. In contrast, Medicaid-only beneficiaries under age 65 with a disability, our non-dually eligible comparison group in Medicaid, overwhelmingly qualified based on receipt of SSI benefits
- In 2020, 41.2 percent of dually eligible beneficiaries were solely enrolled in Medicare Advantage, and 40.6 percent had at least one month of Medicaid comprehensive managed care
- Dually eligible beneficiaries were more likely to use institutional LTSS than Medicaid-only beneficiaries (17 percent vs. 4 percent)



Comparing Dually Eligible and Non-Dually Eligible Beneficiaries, CY 2020



Notes: CY is calendar year. FFS is fee for service. LTSS is long-term services and supports. SSI is Supplemental Security Income. Dually eligible beneficiaries include both full-benefit and partial-benefit dually eligible beneficiaries. Non-dually eligible Medicare beneficiaries include FFS, managed care, and end-stage renal disease. The non-dually eligible Medicaid beneficiary category excludes nondisabled Medicaid beneficiaries under age 65 and Medicaid beneficiaries ages 65 and older who did not have Medicare coverage.

Source: MACPAC, MedPAC, 2023, Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid, January 2023.



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- Dually eligible beneficiaries in FFS were more likely to use institutional LTSS and represented a greater share of total Medicaid spending than Medicaid-only
- Home- and community-based services (HCBS) provided through waivers comprised 36 percent of total Medicaid spending for dually eligible beneficiaries while state plan HCBS made up just 5 percent
 - People dually eligible and under age 65 were more likely to use HCBS waiver services, which accounted for the majority (54 percent) of their total Medicaid spending, compared with people age 65 and older



Trends, CY 2018–2020

- Between 2018 and 2020, the dually eligible population grew by 1.0 percent a year on average to include 12.2 million individuals
- Per beneficiary, spending for dually eligible beneficiaries grew on average by 4.9 percent a year and 5.1 percent a year for Medicaid and Medicare, respectively
- Per user spending on Medicaid inpatient hospital services, institutional LTSS, and prescription drugs grew even as the share of dually eligible beneficiaries using these services declined
- The shares of dually eligible beneficiaries using state plan HCBS, HCBS waivers, and managed care capitation each grew by about 1 percent

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