Who Are the Dual Eligibles?

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Who Are the Dual Eligibles?
Dual eligibles have lower incomes and more health care conditions than other Medicare beneficiaries...
...and more functional impairments than other Medicare beneficiaries.
On average, dual eligibles cost twice as much as other Medicare beneficiaries.

![Figure 2: Average Per Capita Total Health Care Expenditures for Dual Eligibles and Other Medicare Beneficiaries.]

Includes expenditures for Medicare-covered services, Medicaid covered services, such as prescription drugs, dental, and nursing home care, and out-of-pocket costs. Source: KCMU estimates based on analysis of MCHS Cost & Use, 2000.
Dual eligibles represent 14% of Medicaid’s enrollment, yet account for 40% of all Medicaid spending.

**Figure 3.8**
Dual Eligibles as a Share of Medicare and Medicaid Enrollment and Spending, 2002–2003

Dual Eligibles as Share of Medicare:
- Total Enrollment = 41.8 Million
- Total Spending = $224.5 Billion

Dual Eligibles as Share of Medicaid:
- Total Enrollment = 55.0 Million
- Total Spending = $262.6 Billion

Source: Medicare Chartbook 2005, Kaiser Family Foundation
Most of Medicaid’s spending on dual eligibles is on long-term care services . . .
... due to the lack of an extensive Medicare nursing facility benefit, compared to other Medicare benefits ...
... while the remainder of Medicaid spending plugs other gaps in Medicare’s benefits and cost sharing.

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**Figure 3**

**Medicaid Expenditures for Dual Eligibles, FFY 2003**

- Medicare Premiums: $5.6 billion (53%)
- Medicare-Covered Services: $11.1 billion (10.5%)
- Prescribed Drugs: $15.2 billion (14.4%)
- Other Acute Care: $4.1 billion (3.9%)
- Long-Term Care: $69.4 billion (65.8%)

Total Expenditures = $105.4 Billion

Two-third of dual eligibles are eligible because of age; one-third because of disability.
Dual eligibles include full benefit duals, and “Medicare savings” duals...

- Entitled to Medicare and some level of Medicaid benefits
  - 6.2 million receive full Medicaid benefits (in addition to assistance with Medicare premiums and cost-sharing)
  - 1.3 million receive only assistance with Medicare premiums and cost-sharing (these individuals often are called “Medicare savings” duals)
... who fall into one of these four categories

<table>
<thead>
<tr>
<th>Medicare Savings Programs</th>
<th>Income Eligibility</th>
<th>Asset Limit</th>
<th>Medicaid Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Medicare Beneficiaries (QMB) (mandatory)</td>
<td>Up to 100% of the FPL* b</td>
<td>$4,000 (individual) $6,000 (couple)</td>
<td>No Medicaid benefits. Medicaid pays Medicare premiums (Part B and, if needed, Part A) and cost sharing.</td>
</tr>
<tr>
<td>Specified Low-Income Medicare Beneficiaries (SLMB) (mandatory)</td>
<td>Between 100% and 120% of the FPL* b</td>
<td>$4,000 (individual) $6,000 (couple)</td>
<td>No Medicaid benefits. Medicaid pays Medicare Part B premium.</td>
</tr>
<tr>
<td>Qualified Working Disabled Individuals (QDWI) (mandatory)</td>
<td>Working, disabled individuals with incomes up to 200% of the FPL.*</td>
<td>$4,000 (individual) $6,000 (couple)</td>
<td>No Medicaid benefits. Medicaid pays Medicare Part A premium.</td>
</tr>
<tr>
<td>Qualifying Individuals* (QI) (optional)</td>
<td>Between 120% and 135% of the FPL.*</td>
<td>$4,000 (individual) $6,000 (couple)</td>
<td>No Medicaid benefits. Medicaid pays Medicare Part B premium. Federally funded, no state match. Participation may be limited by funding.</td>
</tr>
</tbody>
</table>

Table adapted from *Shifting the Cost of Dual Eligibles: Implications for States and the Federal Government*, Kaiser Family Foundation, November 2003.

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Questions

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