

## 5 Reasons Why State I/DD Programs Should Focus on Individuals Who are Dually Eligible

1

People who are dually eligible are enrolled in both Medicare and Medicaid programs often have complex and higher levels of need than people who only use Medicaid.

2

They require integrated, high-touch care and represent a much larger share of healthcare spending for both benefit programs. This is especially true for people with I/DD.

3

Due to a larger share of healthcare spending for both Medicare and Medicaid, states bear financial obligations in providing support for this population, including people with I/DD who need long-term services.

4

Understanding the needs and utilization patterns of this group allows states to develop targeted, cost-effective strategies for better coordination of care across health systems.

5

Medicare & Medicaid costs for dual eligibles exceeded \$500 Billion in Fiscal Year 2024. Accurate data on their health care is essential for state budget forecasting and planning.

### Who Are Dual Eligibles?

Approximately 12.8 million people qualify for both Medicare and Medicaid, with about 36% of this population being people under age 65.

It is estimated that 8% of dual eligibles under the age of 65 have an ID or related condition, with approximately 50% of people served by state I/DD systems being dually eligible.

More dual eligibles are choosing Medicare managed care models of care, called Medicare Advantage or Dual Special Needs Plans (D-SNPs), to receive their Medicare benefits. D-SNPs also coordinate care with state Medicaid programs at the states' discretion.



40% of dual eligibles living in the community reported fair or poor health, with higher rates of cognitive conditions and disability

Behavioral health conditions are more prevalent among dual eligibles under age 65

People with I/DD who are dually eligible experience barriers to accessing care



People who are dually eligible are 19% of the **Medicare** population accounting for 35% of spending

Similarly, they represent 13% of the **Medicaid** population and 27% of the spending

Emergency visits are 2x higher for people who are dually eligible



27% of dual eligibles need support in 6 activities of daily living (bathing, dressing, eating) compared to 7% of those not dually eligible

15% of dual eligibles in fee-for-service Medicare or Medicaid are more likely to use institutional long-term services compared to 4% who are not dually eligible



57% of dual eligibles live below the poverty threshold

Food insecurity and housing instability are common issues for people who are dually eligible

Dual eligibles experience confusion about which Medicare model to choose to receive care, especially people with I/DD who have specialized care providers

Because people with I/DD have been historically excluded from integrated care initiatives and their complex needs have a significant impact on healthcare systems, those with I/DD who are dually eligible require focused attention from state policymakers. States are addressing these issues by leveraging integrated care models and targeted interventions to improve access and coordinated supports. This leads to improved health outcomes and more efficient use of resources across programs.