# The Health Care Experiences of People Dually Eligible for Medicare and Medicaid

Comparing Traditional Medicare and Medicare Advantage

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#### **OVERVIEW**

People enrolled in both Medicare and Medicaid coverage are known as dual-eligible beneficiaries. They qualify for Medicare because they're at least 65 years old or because they're under age 65 and have a qualifying disability or medical condition. They qualify for Medicaid because they have low income and few resources.

In 2024, about 12.8 million Americans are dual-eligible beneficiaries. Typically, they have more complex health care needs than the average Medicare enrollee. The charts that follow compare the health care experiences of dual-eligible beneficiaries enrolled in the traditional Medicare program with those in Medicare Advantage, which provides Medicare benefits through private insurance plans.

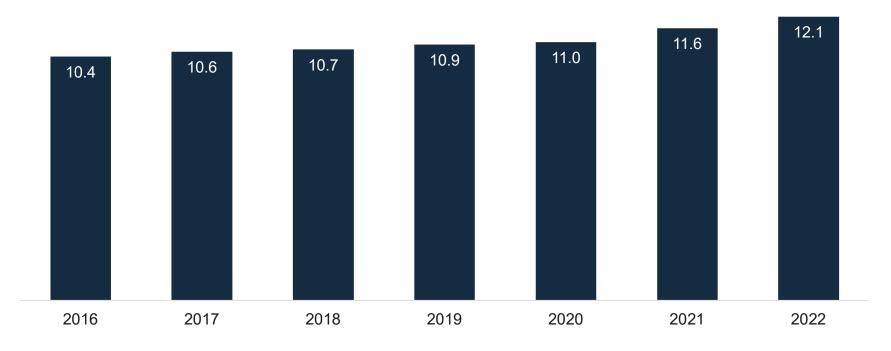
#### **KEY FINDINGS**

- From 2016 to 2022, the number of dual-eligible beneficiaries increased from 10 million to 12 million.
- A larger share of dual-eligible beneficiaries are enrolled in Medicare Advantage plans than in traditional Medicare. From 2013 to 2021, the proportion of dual-eligible beneficiaries in these plans doubled, from 24 percent to 51 percent.
- Ratings of satisfaction and ease of getting health care were similar, on average, for dual-eligible beneficiaries in Medicare Advantage plans and those in traditional Medicare.



More than 12 million Medicare beneficiaries were dualeligible beneficiaries and enrolled in Medicaid in 2022, an increase of more than 16 percent since 2016.

Millions of dual-eligible Medicare beneficiaries

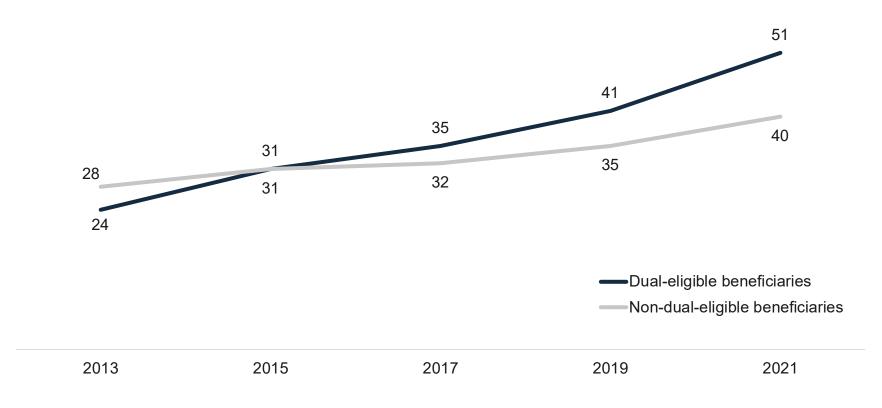


Data: Centers for Medicare and Medicaid Services, Medicare Monthly Enrollment, January 2023; Medicare—Medicaid Dual Enrollee State and County Snapshots, 2016–2022.



## In 2021, a larger share of dual-eligible beneficiaries were enrolled in Medicare Advantage plans compared to other Medicare beneficiaries.

Percentage of Medicare beneficiaries enrolled in Medicare Advantage plans



Data: Centers for Medicare and Medicaid Services, Medicare—Medicaid Coordination Office, Data Analysis Brief: Comparing Managed Care Enrollment Trends Among Dual Eligible Individuals to Medicare-Only Beneficiaries, 2012 Through 2021 (CMS, Oct. 2022).



### Characteristics of dual-eligible beneficiaries in Medicare Advantage and traditional Medicare did not differ significantly, but a smaller share in MA plans live in rural areas.

Percentage of dual-eligible Medicare beneficiaries



Notes: TM = Traditional Medicare; MA = Medicare Advantage. Population represented includes beneficiaries age 65 and older.



Similar shares of dual-eligible beneficiaries in traditional Medicare and in Medicare Advantage are diagnosed with chronic conditions.

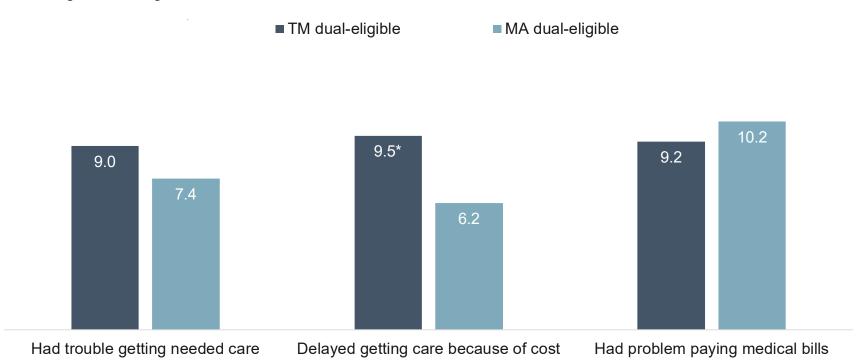
Chronic condition	Traditional Medicare	Medicare Advantage
Alzheimer's disease/dementia	10.6%	8.9%
Depression	31.4%	30.2%
Asthma/emphysema	27.8%	22.5%
Chronic kidney disease	6.2%	5.0%
Diabetes	38.4%	39.3%
High blood pressure	72.1%	72.9%
Congestive heart failure	11.2%	10.4%

Note: Population represented includes beneficiaries age 65 and older.



Most dual-eligible beneficiaries were able to get needed care; a somewhat larger share of those in traditional Medicare than in Medicare Advantage experienced delays in care due to cost.

Percentage of dual-eligible Medicare beneficiaries

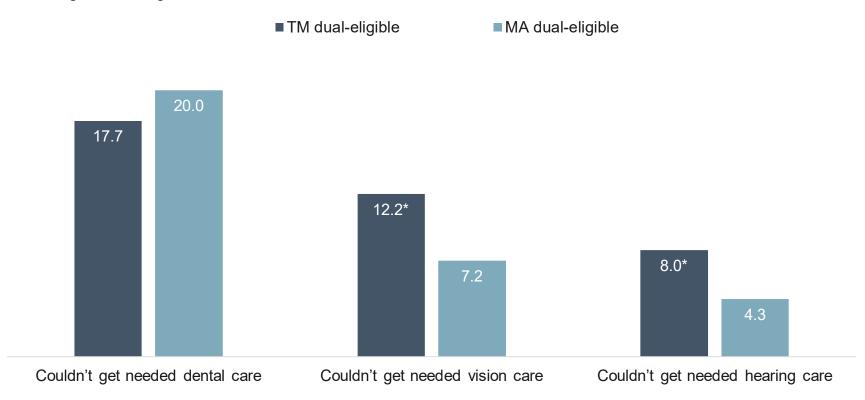


Notes: TM = Traditional Medicare; MA = Medicare Advantage. Population represented includes beneficiaries age 65 and older who reported that they had trouble getting care in the prior year. \* Statistically significant at the p < .05 level.



### Nearly one in five dual-eligible beneficiaries reported difficulty getting needed dental care; fewer reported problems accessing vision and hearing services.

Percentage of dual-eligible Medicare beneficiaries

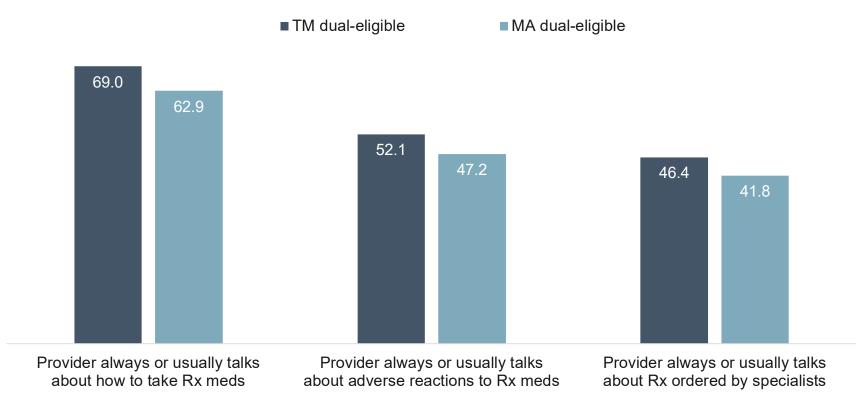


Notes: TM = Traditional Medicare; MA = Medicare Advantage. Population represented includes beneficiaries age 65 and older. \* Statistically significant at the p < .05 level.



### Dual-eligible beneficiaries in traditional Medicare are as likely as those in Medicare Advantage plans to say their provider discusses their prescriptions with them.

Percentage of dual-eligible Medicare beneficiaries

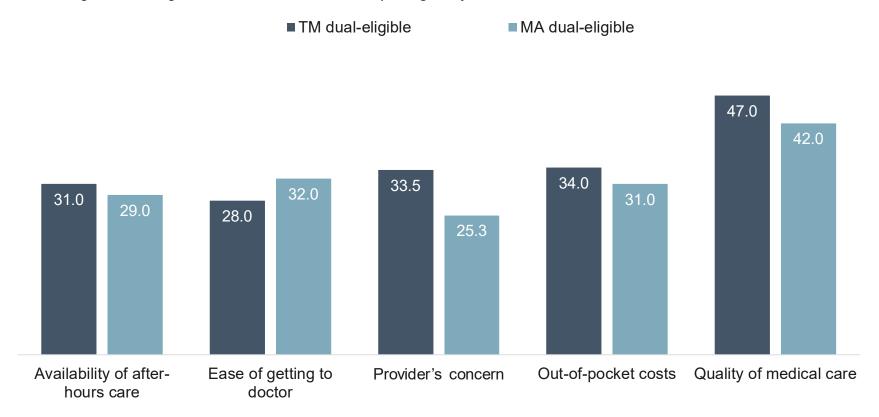


Notes: TM = Traditional Medicare; MA = Medicare Advantage. Population represented includes beneficiaries age 65 and older who reported at least one prescription discussion in the prior year.



# Rates of satisfaction with medical care and with the ease of getting care were similar for dual-eligible beneficiaries in Medicare Advantage plans and those in traditional Medicare.

Percentage of dual-eligible Medicare beneficiaries reporting "very satisfied"

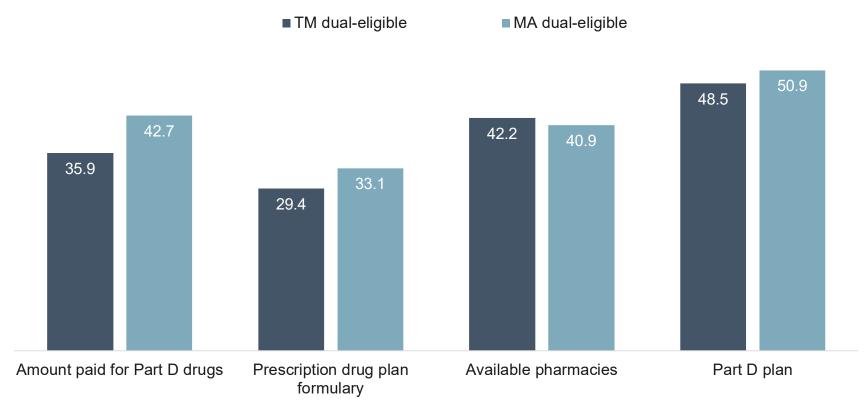


Notes: TM = Traditional Medicare; MA = Medicare Advantage. Population represented includes beneficiaries age 65 and older.



# Satisfaction with Part D prescription drug coverage was similar for dual-eligible beneficiaries in Medicare Advantage plans and those in traditional Medicare.

Percentage of dual-eligible Medicare beneficiaries reporting "very satisfied"



Notes: TM = Traditional Medicare; MA = Medicare Advantage. Population represented includes beneficiaries age 65 and older enrolled in a prescription drug plan.



#### **DATA AND METHODS**

We estimated the number of dual-eligible beneficiaries and enrollment in Medicare Advantage plans based on data obtained from the Centers for Medicare and Medicaid Services' enrollment files and reports. Information on the characteristics of dual-eligible beneficiaries and their health care experiences (for example, access to care, barriers to care, and satisfaction with care) came from the 2020 Medicare Current Beneficiary Survey.

We conducted descriptive analyses, consisting primarily of frequencies and crosstabs, and applied sampling weights to produce estimates generalizable to the larger Medicare population.

Finally, we examined descriptive statistics (chi-square analysis and t-tests) to determine whether differences observed among beneficiaries in traditional Medicare and Medicare Advantage were statistically significant at the p<.05 level.

