Medicaid Mythbusters

Who are the Dual Eligibles?
The dual eligible population ("duals") refers to the over 10 million people in the United States who are covered by both Medicare and Medicaid simultaneously. These dually eligible beneficiaries often have very complicated and costly health care needs. Over the past several years, there have been thoughtful efforts and initiatives to better coordinate care for this complex population, but much more can be done, and Medicaid managed care can help.

- Age 65+ 58%
- Under Age 65 42%

In 2015, over 61% of duals were women
In 2015, enrollees of a minority race/ethnicity were between two and five times more likely to be dually enrolled, compared to white enrollees

- Duals make up 15% (10 million people) of the Medicaid population, but represent 33% of Medicaid spending.

MYTH: Duals are disproportionately seniors over 65.

FACT: The majority of duals are people over 65 (58%), but many others are under 65 (42%) and have significant disabilities.

MYTH: Keeping Duals healthy is just about medical care.

FACT: Duals do have many complex medical needs, but they also may have unmet needs that often can and should be addressed outside of clinical settings. Social determinants of health, such as housing, food and transportation, have a significant effect on health outcomes and health status. Additionally, people with complex health needs sometimes have behavioral health conditions that require coordination, and comprehensive treatment and care management. With the appropriate tools and resources, Medicaid managed care plans can assist in integrating social determinants of health as well as better integrating behavioral health with physical health for the duals population.

MYTH: Duals receive most of their care in nursing homes or other long-term care facilities.

FACT: Some duals receive care in institutions, and others in their own homes or other types of community-based setting. With the appropriate supports and resources, many duals can live healthier, more productive lives at home or in a community-based setting. Additionally, recent research finds that Medicaid spending declines when beneficiaries make the transition from institutional care to community-based care.