

Dually Eligible Individuals: The Basics

Eligibility

Dually eligible individuals are enrolled in both Medicare and Medicaid

To be eligible for Medicare, you must:

- Be age 65 or older, OR
- Be under age 65 with a disability, including people who have been:
 - » Receiving Social Security Disability Insurance (SSDI) for at least two years
 - » Diagnosed with amyotrophic lateral sclerosis (no waiting period)
 - » Diagnosed with end-stage renal disease (shorter waiting period)



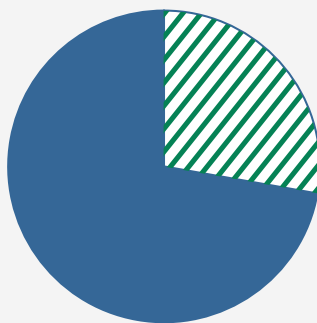
To be eligible for Medicaid, you must:

- Meet income and asset requirements in your state, AND
- Be a member of a specific eligibility group, such as older adults or people with disabilities
 - » Dually eligible individuals may be members of a variety of Medicaid eligibility groups. Some of the most common Medicaid eligibility groups for dually eligible individuals are: People with Supplemental Security Income (SSI); Aged, Blind and Disabled (ABD); Medicare Savings Programs; medically needy; and groups who qualify for certain waiver programs, such as home and community-based services waivers

Two types of dually eligible individuals

72% Full-benefit dually eligible individuals

- Qualify for Medicare
- Qualify for full state Medicaid benefits
- May receive financial assistance with Medicare premiums (and in many cases, cost sharing)



28% Partial-benefit dually eligible individuals

- Qualify for Medicare
- Do not qualify for full Medicaid benefits
- Receive financial assistance with Medicare premiums (and in many cases, cost sharing)

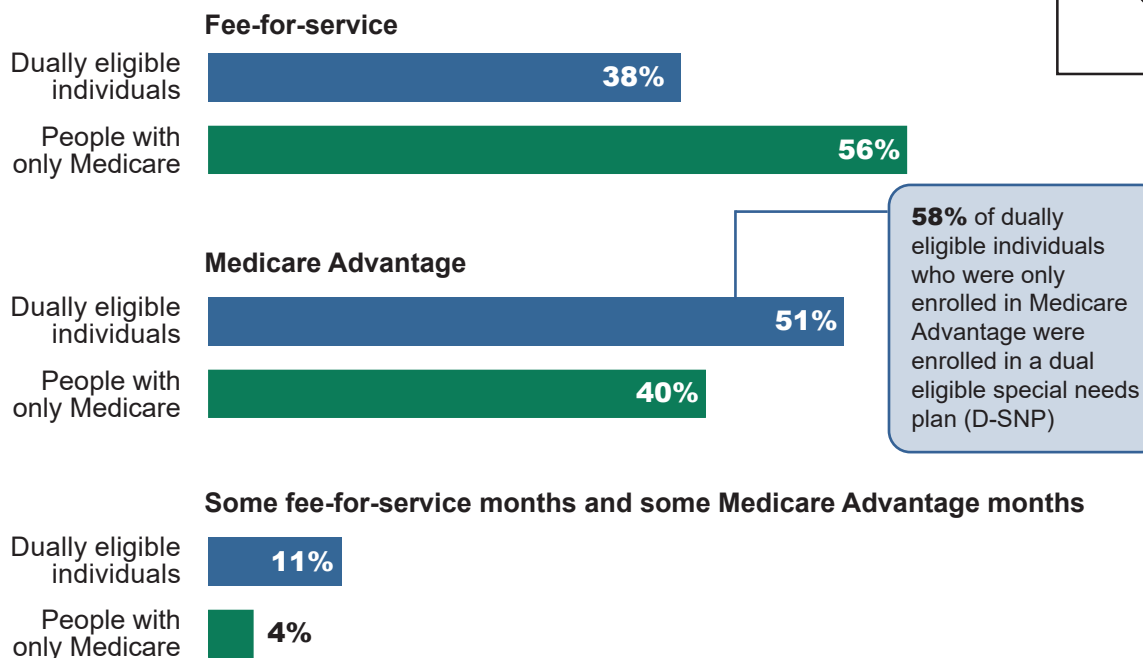
12.5 million dually eligible individuals nationwide (2025).

Note: There were an average of 12.5 million dually eligible individuals throughout the year, with nearly 14 million people who were dually eligible at any point during 2025.

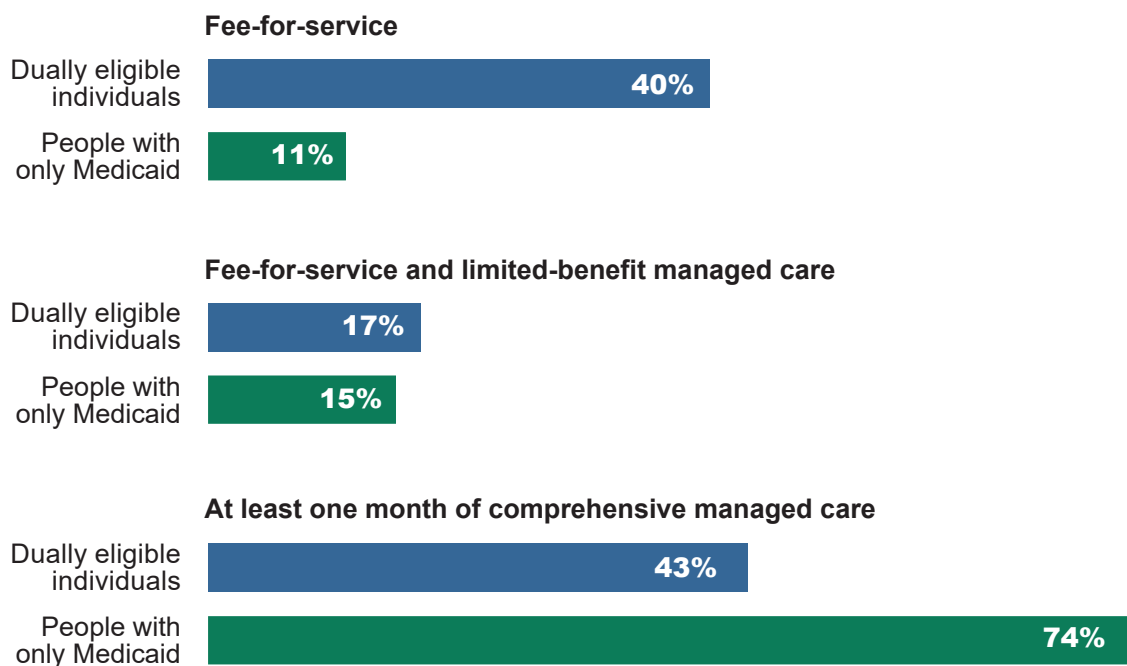
Source: Medicare-Medicaid Coordination Office. "Medicare-Medicaid Coordination Office Fiscal Year 2025 Report to Congress." Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services, 2026. <https://www.cms.gov/files/document/mmco-report-congress.pdf-2>.

Enrollment

Medicare enrollment (2022)



Medicaid enrollment (2022)

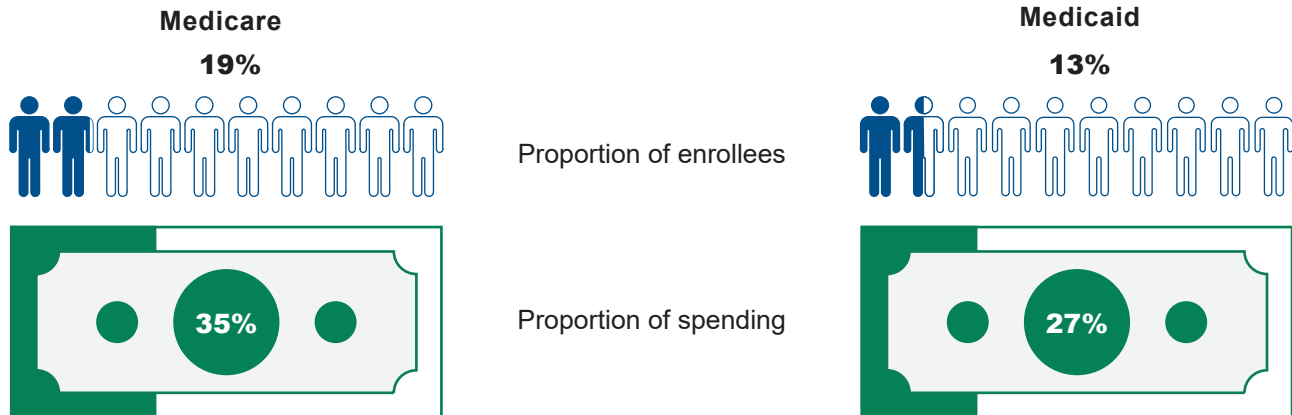


Notes: "Managed care" includes all types of Medicare Advantage plans, Medicare-Medicaid plans, and the Program of All-Inclusive Care for the Elderly. The non-dually eligible Medicaid beneficiary category excludes nondisabled Medicaid beneficiaries under age 65 and Medicaid beneficiaries ages 65 and older who did not have Medicare coverage.

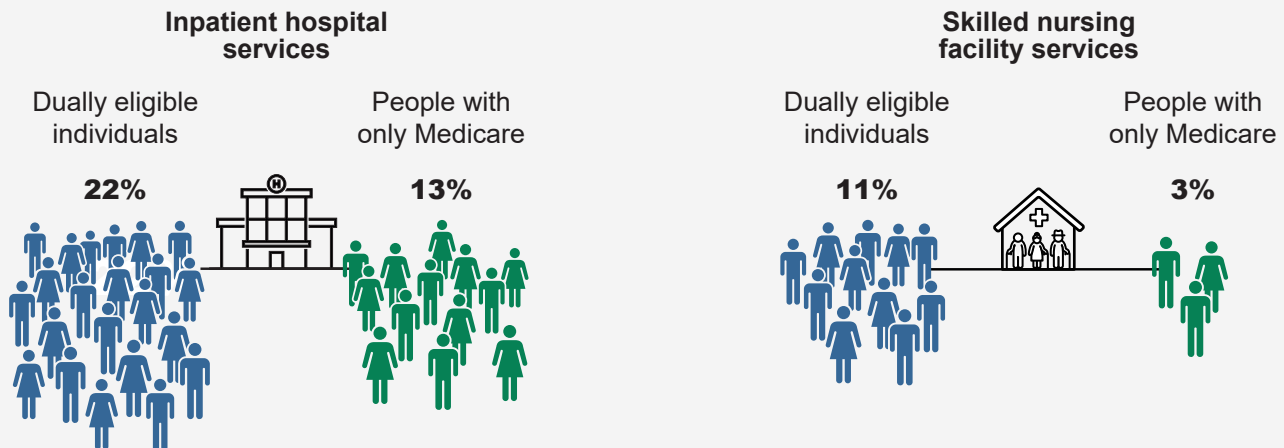
Source: Medicare Payment Advisory Commission (MedPAC) and Medicaid and CHIP Payment and Access Commission (MACPAC). "Beneficiaries Dually Eligible for Medicare and Medicaid." December 2025. <https://www.macpac.gov/publication/data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid-3/>.

Service utilization

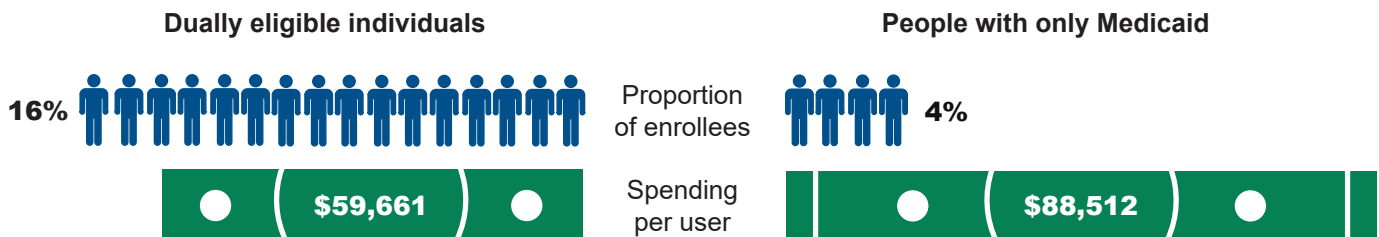
Dually eligible individuals account for a disproportionate share of Medicare and Medicaid spending.



In fee-for-service Medicare, dually eligible individuals use certain services at higher rates than people with only Medicare.



In fee-for-service Medicaid, dually eligible individuals use institutional long-term services and supports at higher rates than people with only Medicaid.



Sources:

Medicare Payment Advisory Commission (MedPAC) and Medicaid and CHIP Payment and Access Commission (MACPAC). "Beneficiaries Dually Eligible for Medicare and Medicaid." December 2025. <https://www.macpac.gov/publication/data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid-3/>.

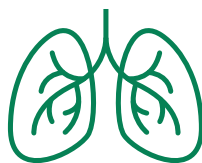
Medicare-Medicaid Coordination Office. "Medicare-Medicaid Coordination Office Fiscal Year 2025 Report to Congress." Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services, 2026. <https://www.cms.gov/files/document/mmco-report-congress.pdf-2>.

On average, dually eligible individuals tend to have more health care needs and face more barriers to care than people with only Medicare.

Full-benefit dually eligible individuals



37% use either institutional long-term services and supports or home- and community-based services



63% have three or more chronic conditions, compared to **60%** of people with only Medicare



64% have a behavioral health diagnosis, such as depression or serious mental illness, compared to **40%** of people with only Medicare

Note: Centers for Medicare & Medicaid Services data (long-term services and supports use, chronic conditions for dually eligible individuals, behavioral health diagnosis for dually eligible individuals) are from 2025, and ATI data (chronic conditions for people with only Medicare, behavioral health diagnosis for people with only Medicare) are from 2019

Sources:

ATI Advisory. "A Profile of Medicare-Medicaid Dual Beneficiaries." June 2022. <https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf>.

Medicare-Medicaid Coordination Office. "Medicare-Medicaid Coordination Office Fiscal Year 2025 Report to Congress." Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services, 2026. <https://www.cms.gov/files/document/mmco-report-congress.pdf-2>.

All dually eligible individuals



23% have limitations with three or more activities of daily living, compared to just **5%** of people with only Medicare



22% say they have excellent or very good health, compared to **53%** of people with only Medicare



Dually eligible individuals use the emergency department and home health services at **twice the rate** of people with only Medicare

Note: MedPAC/MACPAC data (activities of daily living and overall health) use the 2022 Medicare Current Beneficiary Survey (MCBS) while ATI data (emergency department and home health utilization) use the 2019 MCBS.

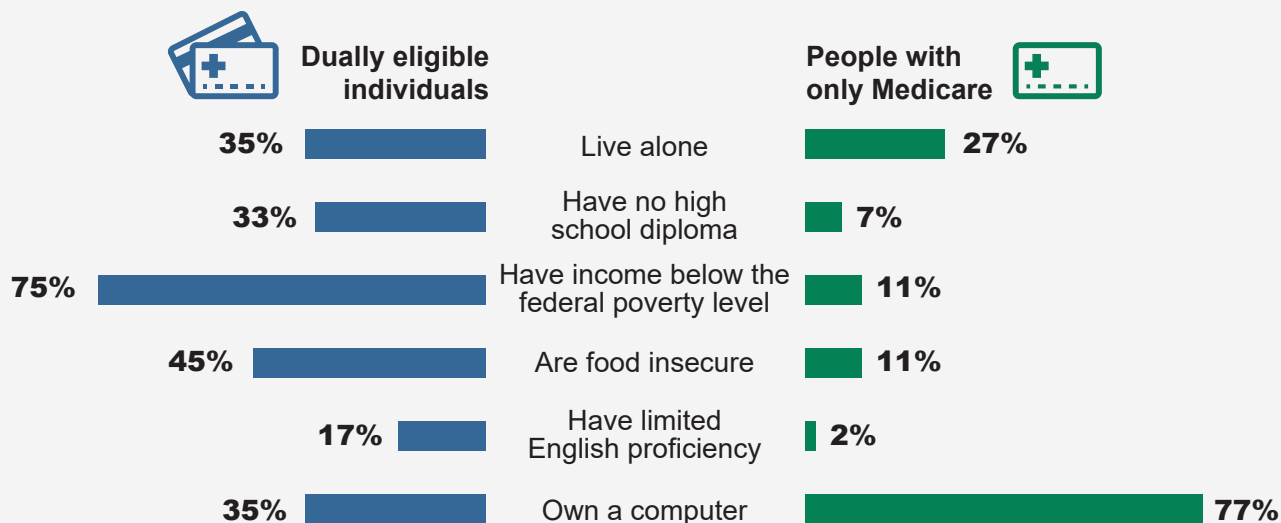
Sources:

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Medicare Payment Advisory Commission (MedPAC) and Medicaid and CHIP Payment and Access Commission (MACPAC). "Beneficiaries Dually Eligible for Medicare and Medicaid." December 2025. <https://www.macpac.gov/publication/data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid-3/>.

Health and social needs

Many dually eligible individuals have social risk factors that can present challenges to accessing and obtaining health care services.



Sources:

ATI Advisory. "A Profile of Medicare-Medicaid Dual Beneficiaries." June 2022. <https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf>.

Medicare Payment Advisory Commission (MedPAC) and Medicaid and CHIP Payment and Access Commission (MACPAC). "Beneficiaries Dually Eligible for Medicare and Medicaid." December 2025. <https://www.macpac.gov/publication/data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid-3/>.

Note: MedPAC/MACPAC data (live alone, education) use the 2022 Medicare Current Beneficiary Survey (MCBS) while ATI data (income, food insecurity, English proficiency, computer ownership) use the 2019 MCBS.

Dually eligible individuals are a high-need, high-cost population that can benefit from increased Medicare-Medicaid integration to better coordinate care and reduce costs.

For information about state integration efforts, see the Integrated Care Resource Center website at www.integratedcareresourcecenter.com.



ABOUT THE INTEGRATED CARE RESOURCE CENTER

The Integrated Care Resource Center is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided within the Integrated Care Resource Center are coordinated by Mathematica and the Center for Health Care Strategies. For more information, visit www.integratedcareresourcecenter.com.