

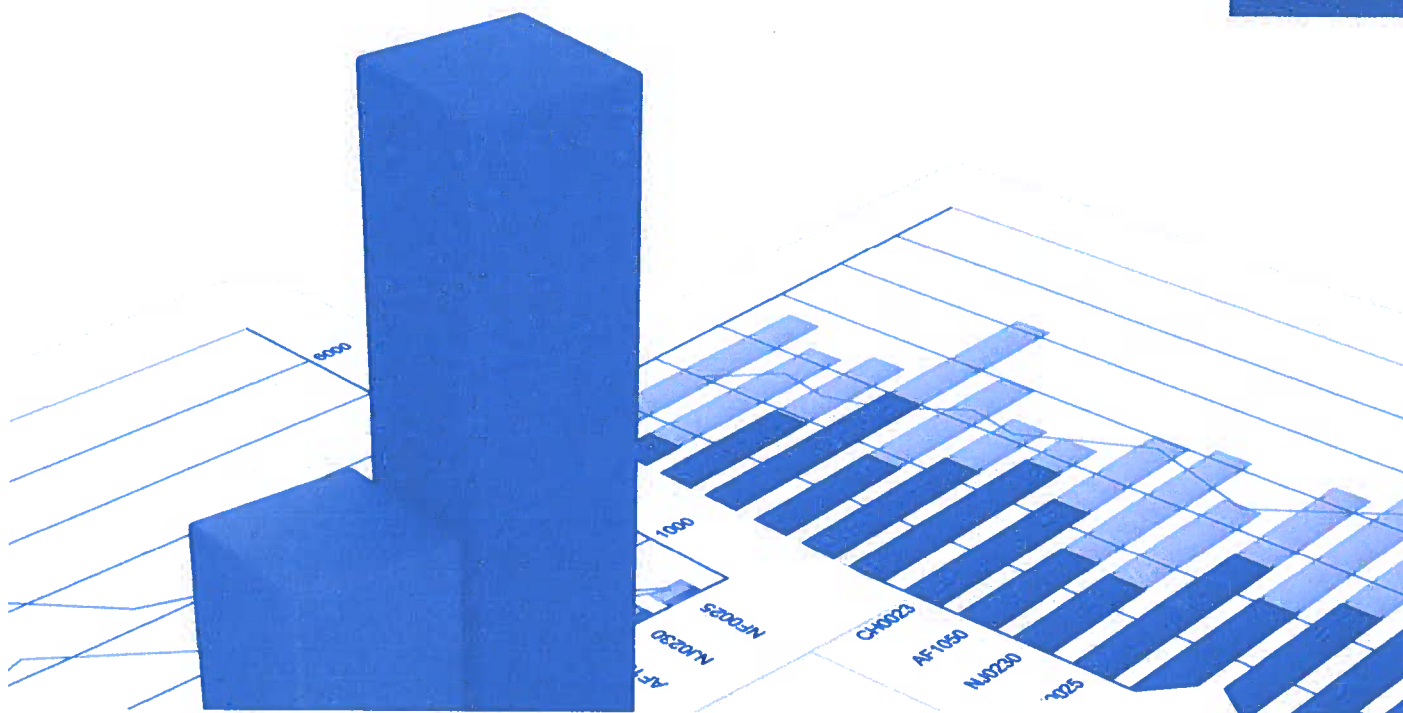
Use of Medicaid services and per user Medicaid spending for FFS dual-eligible beneficiaries and non-dual beneficiaries, CY 2020

Selected Medicaid services	Full-benefit FFS dual-eligible beneficiaries			Full-benefit FFS non-dual Medicaid beneficiaries (disabled, under age 65)		
	Percent using service	Spending per user	Percent of total spending	Percent using service	Spending per user	Percent of total spending
Inpatient hospital	10%	\$2,413	1%	14%	\$24,622	13%
Outpatient	86	2,416	8	82	6,860	21
Institutional LTSS	17	53,471	36	4	84,361	12
HCBS state plan	12	10,766	5	12	9,791	4
HCBS waiver	20	45,343	36	20	34,816	26
Prescription drugs	27	249	<1	68	6,306	16
Managed care capitation	49	7,117	14	71	2,979	8

Note: FFS (fee-for-service), CY (calendar year), LTSS (long-term services and supports), HCBS (home- and community-based services). Dual-eligible beneficiaries are limited to full-benefit dual-eligible beneficiaries in Medicare and Medicaid FFS. End-stage renal disease is excluded. "Outpatient" includes all Medicaid services that are not inpatient, LTSS (institutional or HCBS), drugs, or managed care capitation (for FFS beneficiaries in limited-benefit plans). The non-dual Medicaid beneficiary category excludes nondisabled Medicaid beneficiaries under age 65 and Medicaid beneficiaries ages 65 and older who did not have Medicare coverage. Medicaid spending amounts for dual-eligible beneficiaries exclude Medicaid payments of Medicare premiums. Exhibit excludes administrative spending.

- Compared with non-dual Medicaid beneficiaries who are eligible on the basis of a disability, individuals dually eligible for Medicare and Medicaid were more likely to use Medicaid-covered institutional LTSS under FFS (17 percent utilization among dual-eligible beneficiaries vs. 4 percent utilization among non-dual disabled Medicaid beneficiaries). Institutional LTSS also accounted for a higher portion of Medicaid spending on FFS dual-eligible beneficiaries than of Medicaid spending on non-dual disabled FFS Medicaid beneficiaries (36 percent vs. 12 percent).
- However, per user FFS spending on institutional LTSS was higher for non-dual disabled Medicaid beneficiaries (\$84,361) than for dual-eligible beneficiaries (\$53,471).
- More FFS dual-eligible beneficiaries used Medicaid HCBS services through an HCBS waiver than through a state plan (20 percent vs. 12 percent), and Medicaid FFS spending per user was also more than four times higher for HCBS waiver services than for state plan HCBS services (\$45,343 vs. \$10,766). As a result, HCBS waiver services accounted for a much higher portion of Medicaid FFS spending on dual-eligible beneficiaries than state plan HCBS services (36 percent vs. 5 percent).

2023



BENEFICIARIES DUALY ELIGIBLE FOR MEDICARE AND MEDICAID

10000	10000	35020	3500	10000
65000	25000	33220	3320	25000
50000	33000	31250	3150	50000
75000	67000	29960	2990	75000
59000	88000	28550	2850	59000
58000	22000	27550	2750	58000
59000	59000	25500	2500	59000
55000	22500	19590	1990	55000
18590	18590	1700	1820	18590
18590	18590	1700	1820	18590
25000	25000	35000	35000	25000
35000	35000	40000	40000	35000
50000	50000	75000	75000	50000
75000	75000	11060	11060	75000
90000	90000	10560	10560	90000
10000	10000	82060	82060	10000