

Spending often persists in high-cost Medicare-Medicaid eligible

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patients. Costs per year were \$161,224 for persistently high-cost patients compared with \$86,333 for transiently high-cost patients and \$22,352 for non-high-cost patients. Persistently high-cost patients' spending was mostly related to long-term care (68.8 percent), with very little (

(HealthDay)—More than half of patients who are dually eligible for Medicare and Medicaid and are designated as high-cost in one year remain persistently high-cost over three years, according to a study published online Oct. 2 in the *Annals of Internal Medicine*.

Jose F. Figueroa, M.D., M.P.H., from Harvard University in Boston, and colleagues used data from the Medicare-Medicaid Linked Enrollee Analytic Data Source (2008 to 2010) to identify 1,928,340 dual-eligible Medicare and Medicaid beneficiaries who were alive all three years. High-cost beneficiaries were defined as having spending in any given year in the top 10 percent for that year.

The researchers found 192,835 high-cost [patients](#) in the first year, more than half (54.8 percent) of whom remained high-cost across all three years. Persistently high-cost patients were younger, had fewer medical comorbidities, and had greater intellectual impairment than transiently high-cost

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