

Advancing integrated models to **improve outcomes** for people who are dually eligible for Medicare and Medicaid.

PROBLEM: A significant share of health care spending is driven by a relatively small group of people who have significant needs. For example, an outsized share of federal Medicare and Medicaid dollars are spent caring for the so-called “dual-eligible” population, who are simultaneously enrolled in Medicare and Medicaid. These dual-eligible individuals are more likely to live in nursing homes, be hospitalized, and visit emergency rooms than their Medicare-only peers.

SOLUTION: To improve care delivery and reduce unnecessary spending for people who are dually eligible for Medicare and Medicaid, solutions should include:

1. Integrate Medicare and Medicaid

Medicare and Medicaid benefits, care delivery, and financing should be brought together into a streamlined and integrated model that feels like one program to dual-eligible individuals.

2. Support education and enrollment

Investments in education and enrollment process improvements are needed to ensure that dual-eligible people are aware of and can easily enroll in programs that streamline and simplify their care experience.

3. Incentivize better care and lower spending

The dual-eligible population is diverse and so are their needs. Integrated models must be held accountable for the outcomes that matter most to people and incentivized to deliver care in the settings that align with their needs and preferences.

INTEGRATE MEDICARE AND MEDICAID

- **Ensure that every full-benefit dual-eligible individual has access to a meaningfully integrated coverage option.** This does not mean that everyone must enroll in this model but that every person who is dual eligible should have it as a coverage option no matter where they live. Meaningfully integrated coverage options should align:
 - **Administrative functions:** allowing the integrated model to feel like one program from the perspective of those enrolled (e.g., offer one insurance card, one set of marketing materials, one document that explains all benefits)
 - **Benefits and services:** offering all medical, behavioral, and long-term services and supports through a single entity with limited benefit carve-outs.
 - **Financing:** incentivizing quality care for enrollees and disincentivizing cost-shifting between the two programs.



SUPPORT EDUCATION AND ENROLLMENT

- **Ensure access to enrollment assistance programs that support dual-eligible individuals to understand and enroll in the coverage options that best meet their needs.** This means investing in neutral and accessible counseling and informational resources delivered in a culturally competent manner.
- **Promote automatic enrollment into integrated models with the option to opt-out.** To streamline the process for enrollment in integrated coverage options, dual-eligible individuals should be automatically, or passively enrolled into these models. Automatic enrollment must be paired with adequate outreach to ensure understanding of the coverage program they are being enrolled into and the ability to opt out.
- **Limit detractors of integrated enrollment.** Coverage options that target dual-eligible individuals without offering meaningfully integrated coverage should be limited.

INCENTIVIZE BETTER CARE AND LOWER SPENDING

- **Ensure comprehensive care coordination.** Each enrollee of integrated models should have a care coordinator that supports them in developing a care plan that reflects their goals and an interdisciplinary care team to execute the plan.
 - **Improve accountability.** Integrated models should be held accountable for the outcomes that people care about and given the flexibility to provide services that improve outcomes.
 - **Incentivize community-based care.** Integrated models should use payment, measurement, and benefit design to incentivize dual-eligible individuals to receive care in the home or community, as consistent with their needs and wishes.
 - **Address disparities.** Black and Hispanic beneficiaries are disproportionately represented in the dual-eligible population. Payment and measurement must address racial and ethnic disparities in access, experience, and outcomes.
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