

## Low-income older adults and people with disabilities who are dually eligible for Medicare and Medicaid **have worse outcomes and higher costs** than their counterparts in Medicare alone.

One of the more promising ways to support care delivery transformation is through integrated Medicare-Medicaid models. The following outlines key policy goals that must be met to substantially transform the care and coverage landscape for the dual-eligible population.

### INCREASE ACCESS TO MEANINGFULLY INTEGRATED COVERAGE

- **Every dual-eligible individual should have access to an integrated coverage option.** Access is particularly critical for “full-benefit” dual-eligible individuals, or those who are eligible for the full range of Medicaid benefits in their state.
- **Integrated coverage should more meaningfully align Medicare and Medicaid than it does today.** It should:
  - Ensure that the Medicare and Medicaid programs feel like one program to dual-eligible individuals (e.g., one insurance card, one set of marketing materials, one document that explains all their benefits, etc.)
  - Allow dual-eligible beneficiaries to have all of their services covered under one program, which includes limiting benefit carve-outs. If an individual cannot get their physical, mental, and long-term health care needs met under one at-risk entity or program, it does not represent integrated coverage.
  - Align important payment and outcome-based metrics so that Medicare and Medicaid programs drive toward the same goals for this population.

### SUPPORT ENROLLMENT INTO INTEGRATED COVERAGE

- **Dual-eligible individuals should have access to assistance in understanding their coverage options.** This means making clearer descriptions available online and ensuring access to a neutral guide (i.e., someone who does not represent a managed care plan) to discuss their options.
- **Dual-eligible beneficiaries should be auto-enrolled in integrated coverage programs with an option to opt-out.** Automatic enrollment should be paired with sufficient outreach to ensure that people understand that they are being enrolled in an integrated coverage program, the value of such program, and the ability to opt out.
- **Dual-eligible beneficiaries should be allowed to remain enrolled in an integrated coverage program** for a period of 12 months unless a significant life event occurs that would change their eligibility status.
- **Coverage options that target dual-eligible individuals without offering meaningfully integrated coverage** should be limited.

### ENSURE THE DELIVERY OF SERVICES UNDER INTEGRATED COVERAGE CREATES ACCOUNTABILITY AND MEETS PEOPLE'S NEEDS

- **At-risk delivery models — like managed care organizations — have historically been effective partners** in delivering integrated coverage. These entities should be held accountable for the outcomes people care about. These entities should also be given the flexibility to provide services that improve outcomes — including services that address social needs — within the capitated dollars they receive.
- **Minority populations are disproportionately represented in the dual-eligible population** — payment and measurement must address disparities.
- **A goal of the program should be to keep as many people living in the community as possible**, consistent with their wishes. Incentives to encourage this goal should be built into payment and measurement.