PREVALENCE OF CHRONIC CONDITIONS

**ALL OTHER MEDICARE BENEFICIARIES**

- Hypertension: 36%
- Chronic obstructive pulmonary disease: 14%
- Congestive heart failure: 12%
- Any behavioral or cognitive impairments: 10%

**FULL-BENEFIT DUAL-ELIGIBLE BENEFICIARIES**

- Hypertension: 62%
- Chronic obstructive pulmonary disease: 19%
- Congestive heart failure: 19%
- Any behavioral or cognitive impairments: 17%

Source: Acumen LLC Analysis Performed on Behalf of BPC 2016

DUAL-ELIGIBLE BENEFICIARIES HAVE A HIGHER RISK OF RE-HOSPITALIZATION

1/2 of all Medicare patients with chronic obstructive pulmonary disease and congestive heart failure are hospitalized at least once during the year, but of these patients, dual-eligible individuals are about two times as likely to return to the hospital multiple times during the year.

DUAL-ELIGIBLE BENEFICIARIES FACE BARRIERS TO RECEIVING INTEGRATED CARE

- 2+ Enrollment cards
- Processes & Contact Numbers for Coverage Appeals
- Sets of Rules for Benefits & Cost-Sharing
- Enrollment Periods & Deadlines for Applications

ELIMINATING BARRIERS CAN HELP STATES, PLANS, AND PROVIDERS MOVE FROM THIS SYSTEM:

1. Revise existing payment models to improve integration of care.
2. Create new framework for providers to offer health and health-related services to patients.
3. Combine program authority for dual-eligible individuals within the Medicare-Medicaid Coordination Office at the Centers for Medicare & Medicaid Services.

Better financial integration of Medicare and Medicaid benefits for dual-eligible beneficiaries has the potential to improve health outcomes and to reduce health care costs.

Learn more at bipartisanship.org/health