



BIPARTISAN POLICY CENTER

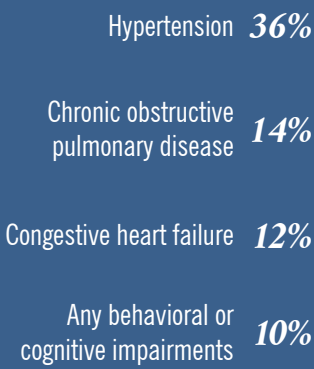
IMPROVING INTEGRATED CARE FOR HIGH-NEED PATIENTS

WHO THEY ARE

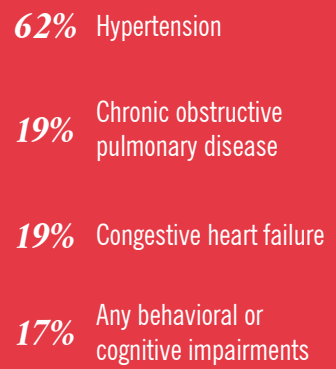
Roughly 10.3 million low-income, elderly patients and individuals with disabilities qualify for both Medicare and Medicaid coverage. Dual-eligible beneficiaries are often sicker than other patients, have significant functional and cognitive impairments, and have greater need for care coordination and assistance with activities of daily living.

PREVALENCE OF CHRONIC CONDITIONS*

ALL OTHER MEDICARE BENEFICIARIES



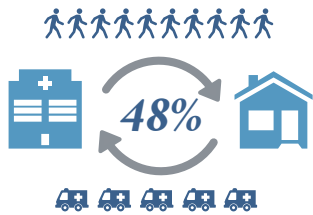
FULL-BENEFIT DUAL-ELIGIBLE BENEFICIARIES



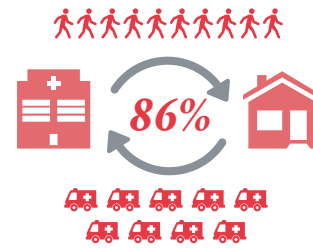
Source: Acumen LLC Analysis Performed on Behalf of BPC, 2016.
*(CY 2011)

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,



2x 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



2-5 Enrollment cards



2 Processes & Contact Numbers for Coverage Appeals

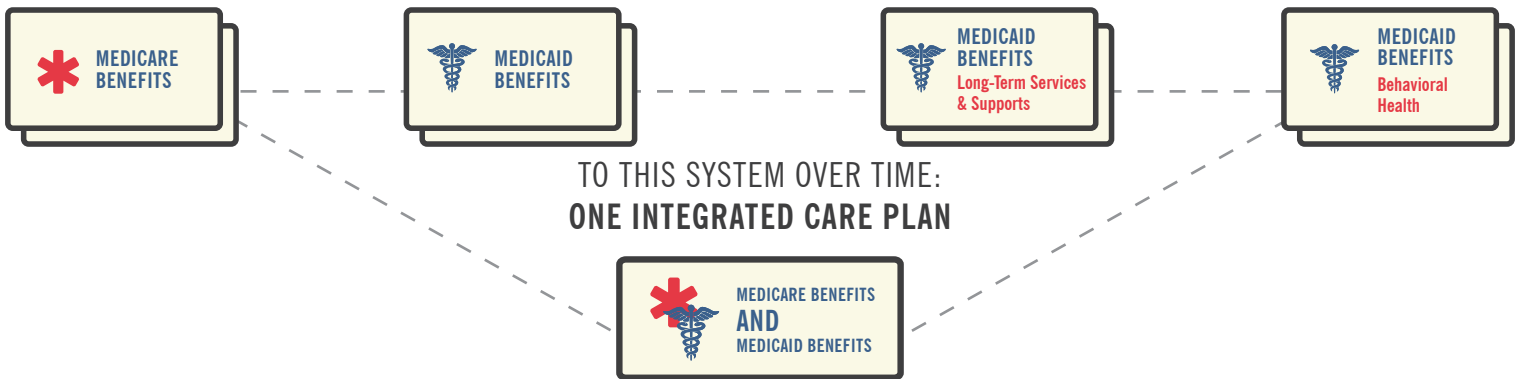


2+ Sets of Rules for Benefits & Cost-Sharing



2 Enrollment Periods & Deadlines for Applications

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



RECOMMENDATIONS

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 bipartisanpolicy.org/health