**Integrating Care for Dual Eligible Individuals**

**Characteristics of Dual Eligible Individuals**

**12 MILLION** Individuals are eligible for both Medicare and Medicaid

| 61% | Over the age of 65 |
| 39% | Age 65 or under |

**Compared to Medicare-only beneficiaries:**

- **MORE chronic conditions**
  - 2X as likely to have deficits in activities of daily living
  - 4X more likely to contract COVID-19

**Covered Benefits**

**Medicare**
- Hospital
- Physician services
- Nurse practitioner services
- Lab
- X-ray
- Pharmacy
- Home health services
- Post-acute (skilled nursing after hospital visit)
- Durable medical equipment
- Therapy services
- Other services

**Medicaid**
- Hospital
- Physician
- Nurse practitioners
- Lab & X-ray
- Pharmacy
- Home health
- Durable medical equipment
- Therapy services
- Targeted case management
- Nursing home
- Home and community-based care
- Dental (if offered)
- Vision (if offered)
- Other services

**What is Integration?**

Dual eligible individuals in non-integrated plans may experience fragmented care, as they must navigate Medicare and Medicaid separately.

**Medicare**
- Medicare coverage appeals process
- Medicare benefit & cost-sharing rules
- Medicare enrollment periods and deadlines
- Medicare benefits

**Medicaid**
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- Medicaid benefit & cost-sharing rules
- Medicaid enrollment periods and deadlines
- Medicaid benefits

**Fully Integrated Program**

*All Medicare and Medicaid benefits administered as a single benefit package*

Integration provides a seamless beneficiary experience through alignment of administrative processes, financing, and benefits.

**BPC’s 4 Recommendations**

1. **Remove regulatory barriers to integration**
2. **Provide resources to states for state-led integration**
3. **Require states to integrate care and create a federal fallback program for states that do not integrate**
4. **Improve the beneficiary experience**

**Achieving Full Integration within 5-8 Years:**

**Pre-Implementation:**
- HHS secretary has general waiver authority to align administrative differences
- Secretary develops guidelines for integration
- State informs Secretary of intent to integrate

**Year 0:**
- State meets agreed upon milestones

**Year 1:**
- State-based fully integrated care

**Year 2:**
- State may request an additional 2 years if milestones are on track

**Year 5:**
- Full integration through federal fallback

**Year 8:**
- State-based fully integrated care

**Year 10:**
- State may request an additional 2 years if milestones are on track

*BPC will provide greater detail on the federal fallback through future work.

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