

Principles for Policy Change

Medicare and Medicaid were not designed to work together. As a result, individuals covered through both programs – referred to in policy circles as people who are dually eligible – their families, and their providers often must navigate fragmented programs and complex policies that are uncoordinated and at times in conflict. The fragmentation inhibits access to appropriate, person-centered care, causes stress and poorer outcomes, and creates system redundancy, inefficiencies, and cost-shifting.

All people who are dually eligible should have a healthcare experience that includes access to a meaningfully integrated and easily navigable system of care that is person centered, high value, and equitable, regardless of where someone lives.

There are multiple pathways – including at the Administrative-, congressional-, and state-level – to address system fragmentation and improve the care experience for people who are dually eligible. The Medicare-Medicaid Integration Alliance is aligned in supporting all stakeholders in developing and implementing policy changes that align with our vision and principles for an improved care experience for people who are dually eligible.

Principles for policy change include:

1. Every Person Who is Dually Eligible Should Have Access to Meaningfully Integrated Coverage

Access is particularly critical for dual-eligible individuals 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 programs feel like one program to people who are dually eligible. It should also allow dual-eligible beneficiaries to have all their services covered under one program. If a person's physical, mental, and long-term needs are not well coordinated, their coverage is not integrated.

2. People Who are Dually Eligible Should Be Provided with Resources to Ensure Informed Decision-Making and Enrollment into Coverage Should Be Easy

People who are dually eligible should have access to assistance in understanding their coverage options. This means making clearer descriptions available online and ensuring access to a neutral third party (i.e., someone who does not represent a managed care plan) to discuss their options. People should be permitted to remain enrolled in an integrated coverage option for a period of 12 months without having to be reassessed for eligibility in the program. Additionally, more should be done to prevent marketing tactics deployed by some Medicare Advantage plans that confuse beneficiaries, rather than support their decision-making.

3. Integrated Coverage Must Be Held Accountable for Meeting People's Needs and Goals

Integrated coverage options should be held accountable for the outcomes people care about. They should also be given the flexibility to provide services that improve outcomes, including services that address social needs. People of color and individuals who experience serious mental health issues are disproportionately represented in the dual-eligible population – integrated coverage must address these disparities. Another goal of the program should be to keep as many people connected to the communities in which they live as possible, consistent with their wishes.