

The Problem of Uncoordinated Care for Individuals Dually Eligible for Medicare & Medicaid

Although more than 12 million Americans are enrolled in both Medicare and Medicaid (people who are dually eligible), the two government programs were not designed to work together. People who are dually eligible experience some of the most significant clinical, social, behavioral, and medical needs and face far more hurdles accessing needed care than Medicare-only and Medicaid-only individuals. Lack of benefit and program coordination is overwhelming and leads to worse outcomes for this population. And program inefficiencies mean worse care at a higher cost to taxpayers, the opposite of what beneficiaries and policymakers need.

INADEQUATE SUPPORT AT TIME OF ENROLLMENT

The lack of integration between Medicare and Medicaid causes confusion about coverage options. Many people who are dually eligible are unaware of the benefits provided by an option that integrates their Medicare and Medicaid coverage. This causes enrollment in unaligned, uncoordinated health plans. Such inefficiencies perpetuate worse-quality care that costs taxpayers more.

INSUFFICIENT SUPPORT NAVIGATING CARE

Medicare and Medicaid, operating separately, do not facilitate holistic care planning and adequate navigation. This leaves people who are dually eligible confused about how to access their coverage and results in system-centered care rather than care that is responsive to a person's needs.

HURDLES WHEN TRYING TO ACCESS COVERED BENEFITS

Many people who are dually eligible struggle to understand their benefits,

especially when both Medicare and Medicaid cover a service but with different eligibility rules. This is particularly problematic when it comes to covering wheelchairs and other equipment. This inefficiency and red tape causes delays in access.

INADEQUATE PROVIDER NETWORKS

Outdated provider information, limited "in-network" provider options, and/or listed providers that are not accepting new patients make it challenging for people who are dually eligible to access care. This inefficiency and red tape causes breaks in patient-provider relationships and lack of continuity of care.

CHALLENGES GETTING AND MAINTAINING ELIGIBILITY

The lack of clarity around program and benefit eligibility results in gaps in care and unexpected costs. Many people who are dually eligible are unclear about their eligibility, do not know if they can enroll, or are unsure what benefits are covered. Others cycle in and out of eligibility.



VOICES OF PEOPLE WHO ARE DUALLY ELIGIBLE

"I would hang up [from calling the insurance company] and I could have a lot of notes. And I'm sort of like, well, what's the next step?"

"There's a lot of people that don't understand the difference between assisted living, nursing homes, and they don't know what they qualify for, what they will be able to access."

"If I change plans, am I going to have to go to a new doctor? And it's a hard thing here that I have to explain everything because I have arthritis, I have high blood pressure, I'm paralyzed. But if I get anybody new, I have to go through the whole motion all over again."