

ADVANCING MEDICARE AND MEDICAID INTEGRATION

Integrating care for individuals dually eligible for Medicare and Medicaid may reduce fragmentation of services, improve care, and lower overall costs for the two programs.

WHY INTEGRATE CARE FOR DUALY ELIGIBLE INDIVIDUALS?

There are **11.4 million** dually eligible beneficiaries in the United States

They have complex needs: **53% have 3 or more chronic conditions**



Of these 11.4 million individuals, **more than 90% receive fragmented care**

Their care accounts for a disproportionate **34% of Medicare costs** and **33% of Medicaid costs**

FEATURES OF EFFECTIVE INTEGRATED CARE PROGRAMS*



1. Strong partnerships and stakeholder engagement
to set goals and inform program design



2. Transparency and responsiveness,
through ongoing updates and beneficiary and provider feedback



3. Comprehensive care delivery
to advance person-centered care and service coordination



4. Integrated financing and risk-adjustment
to align incentives and account for complex beneficiary needs



5. Robust oversight and monitoring
to assess program quality, outcomes, and make refinements

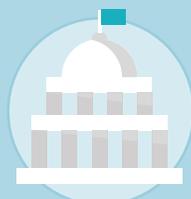
FACTORS INFLUENCING STATE INVESTMENT IN INTEGRATED CARE

State-Level Factors



Capacity

Does the state have the staff, Medicare expertise, technology, and partnerships to launch and sustain integrated care?



Environment

Are there related initiatives and market or political factors facilitating development? Are stakeholders supportive?



Rebalancing Incentives

Is there potential to better predict state spending and manage costs while rebalancing toward home- and community-based care?

Federal-Level Factors



Flexibility

Can Medicare work with the state to better align administrative and care management processes?



Permanency

Does Medicare offer states and health plans long-term options to integrate care?



Sustainability

Are there flexible payment approaches and mechanisms to grow/ sustain enrollment?



Financial Incentives

Are there federal options to share in savings if integration lowers Medicare costs overall?

