

Better Care for Dual Eligibles



Improve quality, reduce costs, and improve the customer experience for people eligible for both Medicare and Medicaid.

- Americans eligible for both Medicare and Medicaid are some of our most vulnerable citizens, and CMS is redoubling efforts to ensure these individuals are empowered and engaged and are receiving high quality care to meet their needs.
- Many dually eligible beneficiaries have complex healthcare issues, including multiple chronic conditions to manage, and often have unmet social needs which can lead to poor health outcomes.
- The care for dually eligible beneficiaries are further complicated by the current payment structures, which involve multiple payers with misaligned incentives.
- By addressing complex needs, modernizing programs, aligning incentives and, encouraging and unleashing innovation through the private sector, we will improve coordination, quality and lower costs for beneficiaries.

Our actions have delivered results

Our actions focus on ways to integrate service delivery to improve quality and outcomes, promote beneficiary-centered care, bend the health care cost curve, and use data to inform the design of, and continuously improve, new initiatives.

- **Modernizing Medicare Savings Programs (MSPs) and state data exchange**
 - Millions of Americans rely on the MSPs to help cover Medicare premiums or cost sharing. MSPs can save beneficiaries over \$1,600 a year just by covering Medicare Part B premiums – money beneficiaries can use for food, housing, or other necessities.
 - We are focusing on results and modernizing the Medicare Savings Programs (MSPs) by fixing the longstanding data problems that make it difficult to coordinate services.
- **Promoting integrated care**
 - CMS invited Medicaid directors to partner with us to test state-driven approaches to serving dually eligible individuals that work best for the unique needs of their state. These approaches include integrating care through the capitated financial alignment model, integrating care through a managed fee-for-service model, and state-specific models that would give states more flexibility.
 - CMS highlighted 10 opportunities to improve care for dually eligible individuals for states, including integrating care through dual eligible special needs plans (D-SNPs), using Medicare data to inform care coordination and program integrity initiatives, and reducing administrative burden for dually eligible individuals and the providers who serve them.

- We modernized the Programs of All-Inclusive Care for the Elderly with a fully integrated model of managed care service delivery for the frail elderly, most of whom are dually-eligible beneficiaries
- We improved quality of care for dually-enrolled beneficiaries in Medicare and Medicaid who participate in Dual Eligible Special Needs Plans (D-SNPs) through the 2020 Medicare Advantage rule which requires plans to more seamlessly integrate benefits across the two programs to promote coordination, and it unifies the appeals processes across Medicare and Medicaid to make it easier for enrollees in these plans to navigate their coverage.
- By addressing complex needs, modernizing programs, aligning incentives, and encouraging and unleashing marketplace innovation through the private sector, we will improve coordination and lower costs.