

Preparing private plans to better serve dual-eligible beneficiaries

ISSUE: Dual-eligible beneficiaries are eligible for both Medicare and Medicaid benefits and they receive services through two separate systems. The Commission has been researching ways to improve care coordination for these beneficiaries through programs (typically operated by health plans) that integrate Medicare and Medicaid benefits (which we will refer to as Medicare-Medicaid coordination programs). There are few of these programs, and therefore most private plans do not have experience managing the full range of primary, acute, long-term care services and supports (LTSS), and behavioral health services in a capitated environment.

KEY POINTS: In this session, we provide an overview of dual-eligible beneficiaries; review Medicare and Medicaid spending on these beneficiaries with a focus on two subgroups of the dual-eligible population (users of long-term care services and supports and beneficiaries with severe and persistent mental illness); and discuss our findings on care coordination activities in Medicare-Medicaid coordination programs.

ACTION: Commissioners will discuss the findings and potential next steps.

STAFF CONTACT: Christine Aguiar (202-220-3700)