

Medicare–Medicaid Integration: A Reference Guide to Emerging Evidence and Technical Assistance Tools

Individuals who are dually eligible for Medicare and Medicaid often experience uncoordinated care across their medical, behavioral health, and long-term care needs. Care models that integrate Medicare and Medicaid benefits are designed to address this problem. There is increasing evidence on the impact of these models in improving health and cost outcomes, as well as newly-developed implementation tools designed to expand access to fully integrated care for this population.

This reference guide summarizes a set of curated resources to help key stakeholders — including health plans, providers, policymakers, and community-based organizations — better understand both the needs of the dually eligible population and emerging evidence and practical approaches for advancing Medicare-Medicaid integration. The guide is based on a comprehensive literature search conducted in September 2020 by the Center for Health Care Strategies and made possible through support from The John A. Hartford Foundation and The SCAN Foundation.

Resources are organized under key topics related to improving integrated care models for dually eligible individuals, including:

- [Characteristics and needs of dually eligible individuals](#);
- [Evidence on integrated care programs and delivery models](#);
- [Technical assistance tools for health plans and providers](#);
- [Technical assistance tools for states](#); and
- [Policy considerations](#).

These resources can assist relevant stakeholders in easily accessing the emerging evidence base and implementation tools to support improved care for high-need dually eligible individuals. Follow the links for each resource to read an in-depth summary and to access the original source. For ongoing updates on new resources related to Medicare-Medicaid integration, visit:

www.bettercareplaybook.org/medicare-medicaid-integration.

Characteristics and Needs of Dually Eligible Individuals

Title (Publisher, Date)	Audience(s)	Description
<p><u>Integrating Care for Dually Eligible Beneficiaries: Background and Context</u> (MACPAC, June 2020)</p>	<p>Health plans, Providers, Policymakers</p>	<p>Provides background information about the characteristics of dually eligible individuals and the programs that serve them. This resource supports stakeholders seeking to learn more about this population as well as those looking for information to guide their next steps to advance integration.</p>
<p><u>High-Cost Dual Eligibles' Service Use Demonstrates the Need for Supportive and Palliative Models of Care</u> (Health Affairs, July 2017)</p>	<p>Health plans, Providers, Policymakers</p>	<p>Describes the high rate of combined Medicare and Medicaid spending for two distinct subpopulations of dual eligibles: older beneficiaries who are nearing the end of life, and younger beneficiaries with sustained need for functional supports. Models of care that provide palliative care and home- and community-based services can potentially offer high-value care with reduced costs for these populations.</p>
<p><u>The Role of Social, Cognitive, and Functional Risk Factors in Medicare Spending for Dual and Nondual Enrollees</u> (Health Affairs, April 2019)</p>	<p>Health plans, Providers, Policymakers</p>	<p>Presents information about dually eligible beneficiaries' medical, functional, and cognitive comorbidities, as well as their social needs, and describes evidence that dually eligible individuals had higher levels of comorbidities and higher costs of care than their Medicare-only beneficiaries.</p>
<p><u>Persistence and Drivers of High-Cost Status Among Dual-Eligible Medicare and Medicaid Beneficiaries</u> (Annals of Internal Medicine, October 2018)</p>	<p>Health plans, Providers, Policymakers</p>	<p>Identifies strategies for health plans, providers, and policymakers to more effectively control drivers of both persistent and transient high costs for dually eligible individuals, and describes evidence that the most persistent high costs were driven by long-term services and supports use, and potentially avoidable hospitalizations had less of an impact on costs.</p>

Evidence on Integrated Care Programs and Delivery Models

Title <i>(Publisher, Date)</i>	Audience(s)	Description
<p><u>Evaluations of Integrated Care Models for Dually Eligible Beneficiaries: Key Findings and Research Gaps</u> <i>(MACPAC, August 2020)</i></p>	<p>Health plans, Providers, Policymakers</p>	<p>Evaluates the evidence on the impact of integrated care models, which include the Program of All-Inclusive Care for the Elderly (PACE), the Financial Alignment Initiative, Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs), and Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) and, and Medicaid managed long-term services and supports (MLTSS) programs.</p>
<p><u>Effects of Integrating Care for Medicare-Medicaid Dually Eligible Seniors in Minnesota</u> <i>(Journal of Aging and Public Policy, September 2017)</i></p>	<p>Policymakers</p>	<p>Describes evidence from a statewide FIDE-SNP model for integrating care for dually eligible beneficiaries that showed increased use of primary care and community-based services and lower use of hospital-based care, demonstrating the potential for lower costs.</p>
<p><u>Aging Gracefully: The PACE Approach to Caring for Frail Elders in the Community</u> <i>(The Commonwealth Fund, August 2016)</i></p>	<p>Health plans, Providers, Policymakers</p>	<p>Provides a case study of the PACE model that delivers comprehensive services in home and community settings, and examines the impact of PACE participation for high-need populations such as older adults eligible for nursing home care.</p>
<p><u>Comparing Care for Dual-Eligibles Across Coverage Models: Empirical Evidence from Oregon</u> <i>(Medical Care Research and Review, October 2019)</i></p>	<p>Health plans, Policymakers</p>	<p>Examines outcomes for dually eligible individuals enrolled in different types of coverage models. Those enrolled in plans with aligned Medicare and Medicaid benefits experienced improved quality and utilization outcomes compared to those enrolled in unaligned plans.</p>

Evidence on Integrated Care Programs and Delivery Models *(continued)*

Title <i>(Publisher, Date)</i>	Audience(s)	Description
<p><u>Serving People with Severe Mental Illness Who Are Dually Eligible for Medicare and Medicaid</u> <i>(Healthcare, June 2018)</i></p>	<p>Health plans, Providers</p>	<p>Identifies promising practices to meet the needs of dually eligible individuals with serious mental illness through a case study that explains how an integrated health plan developed population stratification and tailored care team structures based on level of need.</p>
<p><u>Can Health Plans that Address Non-Medical Needs Lower Health Care Costs?</u> <i>(Long-Term Quality Alliance, May 2019)</i></p>	<p>Health plans, Policymakers</p>	<p>Explores promising evidence for the impact of enrollment in integrated care models for dually eligible individuals with functional limitations, and found that these enrollees had lower rates of medical utilization than would be anticipated if they were enrolled in traditional Medicare.</p>
<p><u>Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare and Medicaid Beneficiaries</u> <i>(Health Affairs, April 2018)</i></p>	<p>Health plans, Providers, Policymakers</p>	<p>Provides evidence that home meal delivery programs, particularly those tailored to recipients' medical needs, show promise to improve health outcomes and reduce avoidable utilization of and spending for health care services for dually eligible individuals.</p>
<p><u>The Value of Pursuing Medicare-Medicaid Integration for Medicaid Agencies</u> <i>(Center for Health Care Strategies, November 2019)</i></p>	<p>Health plans, Policymakers</p>	<p>Highlights the value of integrated care models for state Medicaid agencies based on both published research and anecdotal information from state leaders who have launched these programs, which can support states and health plans to make the case for investing in integrated care models.</p>

Technical Assistance Tools for Health Plans and Providers

Title <i>(Publisher, Date)</i>	Audience(s)	Description
<p><u>Coming Home and Staying There: Improving Care Transitions for Dually Eligible Beneficiaries</u></p> <p><i>(Center for Health Care Strategies, December 2019)</i></p>	<p>Health plans</p>	<p>Highlights experiences from three integrated health plans on developing interventions to address care transitions for dually eligible individuals, including strategies related to target population identification, plan-provider partnerships, and housing.</p>
<p><u>Strategies for Hiring and Training Care Managers in Integrated Programs Serving Medicare-Medicaid Beneficiaries</u></p> <p><i>(Center for Health Care Strategies, February 2015)</i></p>	<p>Health plans, Providers</p>	<p>Explores strategies for health plans to improve hiring and training practices for care managers to address the complex health and social needs of dually eligible members.</p>
<p><u>An Exploration of Consumer Advisory Councils within Medicare-Medicaid Plans Participating in the Financial Alignment Initiative</u></p> <p><i>(Center for Consumer Engagement in Health Innovation, January 2019)</i></p>	<p>Health plans, Providers</p>	<p>Identifies promising practices for developing and managing effective consumer advisory councils inclusive of dually eligible health plan members, including the structures, impacts, and challenges of these councils.</p>

Technical Assistance Tools for States

Title <i>(Publisher, Date)</i>	Audience(s)	Description
<p><u>State Pathways for Integrated Care: Exploring Options for Medicare-Medicaid Integration</u></p> <p><i>(Integrated Care Resource Center, April 2019)</i></p>	<p> Policymakers</p>	<p>Guides states interested in advancing Medicare-Medicaid integration to assess the policy and program activities that are most suitable for the state’s current environment, market, and delivery system structures.</p>
<p><u>Starting from Square One: Considerations for States Exploring Medicare-Medicaid Integration</u></p> <p><i>(Center for Health Care Strategies, May 2020)</i></p>	<p> Policymakers</p>	<p>Supports states that are new to Medicare-Medicaid integration in beginning the initial steps for designing an integrated care model, and assessing their readiness and direction for selecting a realistic and achievable integration approach.</p>
<p><u>Integrated Care Programs for Dually Eligible Individuals in the Era of COVID-19: Response Efforts and Policy Recommendations</u></p> <p><i>(Center for Health Care Strategies, October 2020)</i></p>	<p>Health plans, Providers, Policymakers, Community-based organizations</p>	<p>Distills promising practices from the COVID-19 response efforts of states and health plans that offer integrated programs, and identifies ways that states can expand integrated care programs to support dually eligible individuals during the pandemic.</p>

Policy Considerations

Title <i>(Publisher, Date)</i>	Audience(s)	Description
<p><u>Integrating Care for Dually Eligible Beneficiaries: Policy Issues and Options</u> <i>(MACPAC, June 2020)</i></p>	<p> Policymakers</p>	<p>Identifies state and federal opportunities to advance integrated care policies and provides policy recommendations to increase enrollment in integrated models, and promote greater integration in existing health plan options for dually eligible individuals.</p>
<p><u>A Pathway to Full Integration of Care for Medicare-Medicaid Beneficiaries</u> <i>(Bipartisan Policy Center, July 2020)</i></p>	<p> Policymakers</p>	<p>Proposes a framework for federal and state policymakers to achieve “full” integration of Medicare and Medicaid services for dually eligible individuals, with a focus on improved FIDE-SNPs, PACE, and a third approach that builds off Washington State’s managed fee-for-service model.</p>
<p><u>The CHRONIC Care Act of 2018: Advancing Care for Adults with Complex Needs</u> <i>(The SCAN Foundation, March 2018)</i></p>	<p>Health plans, Providers, Policymakers, Community-based organizations</p>	<p>Summarizes key components of the CHRONIC Care Act of 2018 to help stakeholders identify new Medicare opportunities and flexibilities, including those related to expanded supplemental benefits and D-SNP requirements.</p>
<p><u>Promoting Integration in Dual-Eligible Special Needs Plans</u> <i>(MedPAC, June 2019)</i></p>	<p>Health plans, Policymakers</p>	<p>Explores the causes for low levels of Medicare-Medicaid integration among some D-SNPs, and identifies policy changes that would lead to improved integration.</p>

Learn More about Medicare–Medicaid Integration

- [Integrated Care Resource Center](#) (ICRC) provides technical resources to states developing integrated care programs that coordinate medical, behavioral health, and long-term services and supports for individuals who are dually eligible for Medicare and Medicaid. Recognizing that states are at different stages of integration, ICRC offers a variety of technical assistance services, including a system to request one-on-one support, as well as issue briefs, fact sheets, policy summaries, and recorded webinars.
- [Resources for Integrated Care](#) (RIC) partners with health plans, providers, and subject matter experts to identify promising practices and develop actionable technical assistance resources and trainings for delivering more integrated and coordinated care. These resources are intended to build stakeholder capacity to address the needs of beneficiaries who are dually eligible for Medicare and Medicaid.
- [ADvancing States Integration Tracker](#) shows relevant state activity related to managed long-term services and supports, state demonstrations to integrate care for dual eligible individuals, Medicare-Medicaid coordination initiatives, and LTSS reform activities.

About the Better Care Playbook

The Better Care Playbook is an online resource center designed to help health care stakeholders find the best in evidence-based practices and promising approaches to improving care for people with complex health and social needs. It is made possible by seven leading health care foundations — Arnold Ventures, The Commonwealth Fund, The John A. Hartford Foundation, Milbank Memorial Fund, Peterson Center on Healthcare, the Robert Wood Johnson Foundation, and The SCAN Foundation — that are working together to accelerate health system transformation. To learn more, visit bettercareplaybook.org.