

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

Although **12.5 million Americans are enrolled in both Medicare and Medicaid (dual eligible individuals), the two programs were not designed to work together.** People who are dual 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.

*Supported by Arnold Ventures, ATI Advisory interviewed experts, caregivers, and dual eligible individuals to understand the challenges they face in accessing care.*

### **CHALLENGES GETTING AND MAINTAINING ELIGIBILITY**

Many dual eligible individuals are unclear about program and benefit eligibility and/or cycle between eligibility and ineligibility. This causes gaps in care and unexpected costs.

### **INADEQUATE SUPPORT AT TIME OF ENROLLMENT**

Many dual eligible individuals are confused by the many coverage options available across Medicare and Medicaid, and unaware of the benefits of integrated programs. This causes enrollment in unaligned, uncoordinated health plans.

### **INSUFFICIENT SUPPORT NAVIGATING CARE**

Many dual eligible individuals are confused about how to access their coverage across two distinct programs

because they lack adequate navigation. This causes system-centered care rather than person-centered care.

### **HURDLES WHEN TRYING TO ACCESS COVERED BENEFITS**

Many dual eligible individuals struggle to understand their benefits, especially when both Medicare and Medicaid cover a service but with different eligibility rules, such as wheelchairs and other equipment. This causes delays in access.

### **INADEQUATE PROVIDER NETWORKS**

Many dual eligible individuals have difficulty finding providers because directories are out of date, there isn't enough choice of "in-network" providers, and/or listed providers are not accepting new patients. This causes breaks in patient-provider relationships and lack of continuity of care.



### **VOICES OF PEOPLE WHO ARE DUAL ELIGIBLE**

*"I would hang up [from calling the insurance company] and I would 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, or 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 notion all over again."*

[Learn more about the problems facing people who are dually eligible](#)

[View the full report addressing beneficiary protections and integrated care](#)