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Caring For Those Eligible For Medicaid And Medicare

Patricia Neuman and coauthors accurately state (Jun 2012) that the Centers for Medicare and Medicaid Services is responsible for one of the most important opportunities to make fundamental changes in the health care system, by testing state-specific approaches for integrating care for the population eligible for both Medicaid and Medicare. We are concerned, however, that the article may have done more harm than good to these beneficiaries by casting doubt on states’ efforts to improve care while avoiding an accurate portrayal of the care those beneficiaries currently receive.

The unfortunate reality is that Medicare and Medicaid do not currently provide high-quality, coordinated care to most dual eligibles. Even for the 10 percent of dual eligibles enrolled in Medicare Advantage, the vastly different administrative processes, separate payment streams, and misaligned financial incentives have largely undermined efforts to coordinate care across programs in a meaningful way. Practically, this means that beneficiaries experience confusion and dissatisfaction as well as higher costs and lower quality.

State Medicaid agencies have crafted their proposals to ensure continuity not only of services, but of providers as well, and higher-quality care that leads to desirable outcomes. States are committed to working with stakeholders and the Centers for Medicare and Medicaid Services to change the system in ways that will benefit, not harm, beneficiaries.

Everyone agrees that state and federal partners still have work to do. Still, the scale of improvements to the system should not deter policy makers. As they’ve done with other reforms, Medicaid agencies will learn more about what works best, and the delivery models will evolve to reflect this knowledge. Those lessons, and the nonexperimental reforms that accompany them, are clearly worth the effort, particularly in light of the expensive and inefficient status quo that we cannot and should not maintain.

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