

Integrated care refers to the coordination of Medicare and Medicaid benefits for dually eligible individuals. This coordination is primarily accomplished through private plans that pay for and deliver a person's Medicare and Medicaid services.

Integrated care options are intended to make it easier for dually eligible individuals to access quality care. Coordination between Medicare and Medicaid plans through integrated care can also save individuals money by helping them avoid duplicative or unnecessary services.

Plans that refer to themselves as integrated may offer a number of benefits to enrollees, including:

- **Care management** – the tracking of a person's care across programs and providers. Communication between the plan, providers, and the enrollee ensures that needed care is received while reducing redundant services.
- **Benefit integration** – this means receiving Medicare and Medicaid services from one plan. Integration can reduce barriers created by having to navigate multiple plans. Some examples of benefit integration include one insurance card or one plan to call for questions. Plan representatives may be able to help enrollees navigate their Medicare, Medicaid, and Part D coverage because all benefits are provided by one entity.
- **Network congruency** – the overlap of in-network providers who take both Medicare and Medicaid. Integrated plans can make it easier for dually eligible individuals to find providers who accept both Medicare and Medicaid by ensuring that a minimum percentage of in-network providers do so.

Who are dually eligible individuals?

People with lower incomes who are enrolled in both Medicare and Medicaid. Duals can be fully or partially dually eligible.

Integrated care options are often only available to full duals—people who have both Medicare and full Medicaid benefits. Partial duals, individuals who are enrolled in a Medicare Savings Program, may have fewer or no integrated care coverage options.

Choosing integrated care

There are several different integrated care options for dually eligible individuals. Each offers a different experience for beneficiaries depending on the level of integration. More highly integrated plans may include more of the benefits listed above and create more of a seamless experience for enrollees. Minimally integrated plans may not feel much different than being in Original Medicare and fee-for-service Medicaid.

Individuals interested in integrated care should contact the plan to learn exactly what benefits are offered before enrolling. For assistance with integrated plans in New York, contact the Medicare Rights Center at 800-333-4114.