Transition from Medicare-Only Coverage to Medicare-Medicaid Enrollment (Color)

U.S. Department of Health and Human Services
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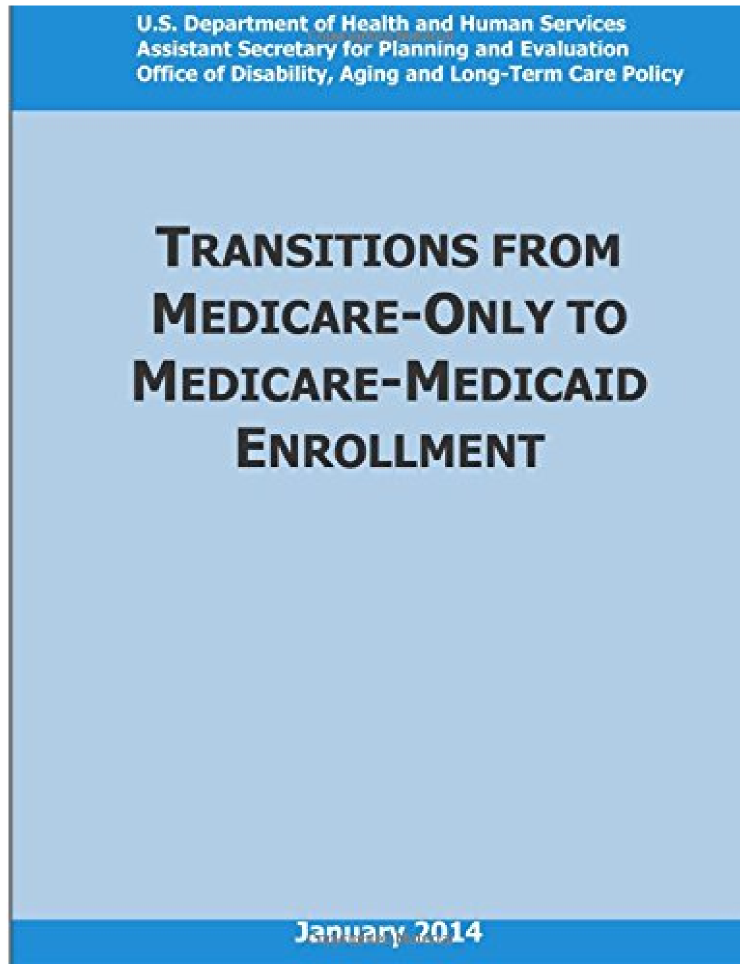

2015-02-17Original language:EnglishPDF # 1 11.00 x .8 x 8.50l, .30 #File Name: 150850799632 pages | File size: 62.Mb

U.S. Department of Health and Human Services : Transition from Medicare-Only Coverage to Medicare-Medicaid Enrollment (Color) before purchasing it in order to gage whether or not it would be worth my time, and all praised Transition from Medicare-Only Coverage to Medicare-Medicaid Enrollment (Color):

Medicare-Medicaid enrollees (MMEs) are individuals age 65 and older and those under 65 with qualifying disabilities who are enrolled in both Medicare and Medicaid coverage. MMEs are among the most vulnerable people served by Medicare and Medicaid. More than half of MMEs have incomes below the federal poverty level (FPL), compared to about 8 percent of Medicare enrollees who are not dually eligible (CMS 2011). They are also more likely than other

Medicare enrollees to be female, and belong to minority racial or ethnic groups (CMS 2013). A Medicare beneficiaryrsquo;s transition from Medicare-only coverage to MME status frequently results from the combination of high need for medical care not covered by Medicare and very low income and resources. Of particular policy concern are transitions that occur after an individual has become dependent upon institutional care and impoverished when those outcomes could have been prevented by early access to community-based services and supports or other innovations in care for people with chronic conditions. Limited information is available, however, about the rates at which these transitions occur nationally and across states and how they vary by age and service utilization. For example, the need for long-term services and supports (LTSS) not covered by Medicare has previously been identified as an important factor in the transition of Medicare-only beneficiaries to MME status, but we are not aware of recent research that estimates the percentage of new MMEs whose transition to MME status is associated with LTSS use, nationally or across states. Such information is needed by policymakers who are interested in designing programs to reduce unnecessary impoverishment and reliance on Medicaid by Medicare beneficiaries. These possible causes for transition from Medicare-only to MME raise important policy questions for policymakers: bull; To what extent are Medicare-only beneficiaries transitioning to MME to gain coverage for long-term care (LTC) services? bull; How many Medicare-only beneficiaries transition without needing LTSS, indicating that they needed Medicaid for other reasons--possibly the out of pocket cost of acute care? bull; Are there differences in transition rates across states? And, do these differences suggest that characteristics of state LTC programs influence the rate at which Medicare-only beneficiaries become eligible for Medicaid or remain in the community?