

The Average Medicare Recipient Has Very Different Medical Needs Than the Average “Dual Eligible” Recipient in a Nursing Home



Average Medicare Recipient:

46% male, 54% female
65-74 years old
Lives independently
Lives with spouse
Needs assistance with up to one activity of daily living
Typically suffers from hypertension and/or arthritis



Average Dual Eligible Nursing Home Patient:

Approximately 75% female
Typically 85 plus years of age
Widowed
Indigent
Often bedridden/needs wheelchair assistance
Typically suffers from diabetes, pulmonary disease/disease of the circulatory system and mental impairment
Takes an average of 10 medications per day
Needs assistance with eating, transferring, toileting, dressing and bathing
Reports to being in fair to poor health

Dual Eligible Patients in a Nursing Home Setting: A Program Customized for the Needs of the Patient

Medicaid Management of Dual Eligibles: The Current System Works for the Patient

Patient Choice of Care Plans

Medicaid customized for patient Rx needs, so patient not faced with choices (though patient is also typically incapable of making informed decisions due to health conditions)

Patient's Rx Needs

One Rx service provider

Source of Payment

All Rx costs paid by Medicaid

Managing Patient's Rx Supplies, Payment Issues

Nursing home staff handles everything, usually by contracting with a specialized institutional pharmacy

Quality Assurance

24/7 Rx services and monthly drug regimen review by pharmacists who specialize in geriatrics

Range of Available Medications

Patient receives all medically necessary drugs

Medicare Management of Dual Eligibles: The Patient Safety Net is in Danger

Patient Choice of Care Plans

Patient (or patient guardian) faced with several choices for Rx benefit, and many existing drugs will more than likely not be on the new formulary

Patient's Rx Needs

Potential for multiple Rx providers for multiple patients

Source of Payment

Medicaid pays only after determining that Medicare will not, likely delays in determining ultimate payer and access to drugs

Managing Patient's Rx Supplies, Payment Issues

Patient, not nursing home staff, deals with PBM or Rx supplier on coverage and payment issues

Quality Assurance

Nursing home retains responsibility but has little control

Range of Available Medications

Patient is limited to what's on formulary

