

Tools for States on Exclusively Aligned Enrollment in Dual Eligible Special Needs Plans**Introduction to Exclusively Aligned Enrollment**

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Background

Many people who are dually eligible for Medicare and Medicaid report experiencing fragmented care that is poorly coordinated between these two complex payments systems.¹ This is an issue of growing concern to many states and the Centers for Medicare & Medicaid Services (CMS), as dually eligible individuals tend to have more chronic, complex health needs and require more expensive care than people who are not dually eligible.^{2,3} For example, 46 percent of dually eligible individuals report having difficulty with at least one activity of daily living and 49 percent of full-benefit dually eligible individuals use long-term services and supports (LTSS).⁴ Additionally, 35 percent of dually eligible individuals live alone and 34 percent do not have a high school diploma – social risk factors that, coupled with the need to navigate two separate and siloed payment systems, can create significant barriers to care.⁵

To offer a more coordinated and holistic system of coverage for this population, CMS and states are increasingly seeking to develop programs that offer integrated Medicare and Medicaid benefits. To achieve the fullest level of integration of Medicare and Medicaid benefits in programs that leverage Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs),⁶ states can use a policy strategy known as “**exclusively aligned enrollment**” (EAE).

What is EAE?

EAE occurs when a state limits D-SNP enrollment to **full-benefit dually eligible individuals⁷ who receive their Medicaid benefits from the D-SNP or an affiliated Medicaid managed care plan offered by the same parent organization as the D-SNP**. This requirement ensures that anyone who enrolls in the D-SNP is ultimately entitled to the same, unified package of benefits and facilitates several important benefits for plan enrollees, providers, and states.

ABOUT THIS TIP SHEET

This tip sheet provides a brief overview of exclusively aligned enrollment (EAE) as well as a summary of the benefits of EAE for dual eligible special needs plan (D-SNP) enrollees, providers, and states. This tip sheet is part of a suite of tools on EAE developed for states by the Integrated Care Resource Center (ICRC). The full set of tools is available at:

<https://integratedcareresourcecenter.com/resources-by-topic/exclusively-aligned-enrollment>.

Benefits of EAE for D-SNP Enrollees and Providers

Requiring D-SNPs to operate with EAE lays the foundation for a more integrated experience of care for D-SNP enrollees and the providers who serve them. Specifically, D-SNPs that operate with EAE can:

- Administer a **comprehensive, coordinated package of benefits** that does not require the enrollee to distinguish between benefits covered under Medicare from benefits covered under Medicaid;
- Provide a **single set of informational materials** that describe the plan’s benefits in a comprehensive way, without separating information about Medicare and Medicaid coverage and cost sharing;
- Implement **integrated benefit determinations** and use **unified plan-level appeal and grievance processes** to make it easier for plan enrollees to understand and navigate those processes;
- **Coordinate enrollees’ care more seamlessly** (for example, by providing each enrollee with a single care coordinator for both Medicare and Medicaid benefits);
- **Consolidate provider billing** such that providers who serve D-SNP enrollees can submit a single claim for services rendered, rather than having to submit separate claims for Medicare and Medicaid payments;
- Issue a **single identification card** for both Medicare and Medicaid benefits; and
- Use a **single customer service number** to respond to questions about both Medicare and Medicaid benefits.

These benefits of enrolling in a D-SNP with EAE are much clearer and simpler to explain to dually eligible individuals than the benefits of enrolling in a D-SNP without EAE. Moreover, D-SNPs with EAE may be better able to serve full-benefit dually eligible populations because they can offer a more integrated experience of care than other D-SNPs operating without EAE.

It is important to note that, while EAE creates the environment D-SNPs need to achieve a more cohesive enrollee and provider experience, the examples of integrated materials and processes listed above do not automatically occur as a result EAE. Instead, states will likely need to require and/or collaborate with their D-SNPs to implement each of these strategies.

Box 1. Applicable Integrated Plans (AIPs)

D-SNPs that operate with EAE and cover at least certain Medicaid benefits are known as “**applicable integrated plans (AIPs)**.” AIPs must use unified plan-level appeal and grievance processes. For more information, see these ICRC tools:

- <https://integratedcareresourcecenter.com/resource/definitions-different-medicare-advantage-dual-eligible-special-needs-plan-d-snp-types-2023>
- <https://www.integratedcareresourcecenter.com/resource/integrated-appeal-and-grievance-processes-integrated-d-snps-exclusively-aligned-enrollment>

Benefits of EAE for States

EAE can benefit states, as well – both indirectly by improving care for the dually eligible populations that states serve, and more directly by supporting opportunities for state cost savings and enabling more advanced data sharing and analyses of dually eligible individuals’ service utilization and experiences of care.

Introduction to Exclusively Aligned Enrollment

First, when D-SNPs operate with EAE, a single parent company is financially responsible for covering all (or most) Medicare and Medicaid benefits for D-SNP enrollees. This reduces incentives for health plans to cost-shift across programs and increases incentives for plans to identify opportunities to streamline care and reduce overall costs, both of which can produce cost savings for state Medicaid programs.

Second, EAE typically results in a single parent company possessing all (or most) data regarding D-SNP enrollees' service utilization and experiences of care. States can require D-SNPs (and their affiliated Medicaid managed care plans, when applicable) to share this comprehensive data, so that states can analyze it to better understand the needs of their dually eligible populations, services that may be over- or under-utilized within different sub-groups of dually eligible individuals, and potential delivery system changes that might help to advance health equity and other outcomes of interest.

EAE Resources for States

ICRC has developed a [suite of resources](#) to support states considering EAE, including:

- A **recorded webinar for states** on using EAE to integrate Medicare and Medicaid benefits for dually eligible individuals;
- A **tip sheet on key considerations and policy decisions** for states interested in EAE;
- A **tip sheet on key steps** in planning and implementing EAE; and
- A **set of tables** that states can use to plan the roles and responsibilities of key entities in effectuating EAE in a variety of enrollment and disenrollment scenarios.

Box 2. Additional resources for states on D-SNP contracting

In addition to this tip sheet, state Medicaid agency staff may be interested in reviewing ICRC's other resources for states on D-SNP contracting available at: <https://www.integratedcareresourcecenter.com/resources-by-topic/dual-eligible-special-needs-plans>

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The **Integrated Care Resource Center** is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the Integrated Care Resource Center are coordinated by [Mathematica](#) and the [Center for Health Care Strategies](#). For more information, visit www.integratedcareresourcecenter.com.

Endnotes

¹ Medicare Payment Advisory Commission (MedPAC). "Report to the Congress: Medicare and the Health Care Delivery System: Promoting Integration in Dual-Eligible Special Needs Plans." June 2019. Available at: https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/jun19_ch12_medpac_reporttocongress_sec.pdf.

² MedPAC and the Medicaid and CHIP Payment and Access Commission (MACPAC). "Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid." February 2023. Available at: <https://www.macpac.gov/publication/data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid-3/>.

³ CMS. "People Dually Eligible for Medicare and Medicaid." March 2020. Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf.

⁴ MedPAC and MACPAC. "Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid." February 2023. Available at: <https://www.macpac.gov/publication/data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid-3/>.

⁵ Ibid.

⁶ For an introduction to D-SNPs, see: ICRC. "State Contracting with D-SNPs: Introduction to D-SNPs and D-SNP Contracting Basics." December 2022. Available at: <https://www.integratedcareresourcecenter.com/webinar/working-medicare-webinar-state-contracting-d-snps-introduction-d-snps-and-d-snp-contracting>.

⁷ Full-benefit dually eligible individuals qualify for full Medicaid benefits in their state, in addition to qualifying for Medicare benefits (and in some cases, for Medicare Savings Program benefits, as well). Partial-benefit dually eligible individuals qualify for Medicare Savings Program benefits, but do not qualify for full Medicaid benefits. For more information about full- and partial-benefit dual eligibility, see: CMS. "Dually Eligible Individuals – Categories." Available at: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MedicareMedicaidEnrolleeCategories.pdf>.