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Using Exclusively Aligned Enrollment to Integrate Medicare and Medicaid Benefits for Dually Eligible Individuals

June 20, 2023

12:00-1:30 pm Eastern Time

The Integrated Care Resource Center, an initiative of the Centers for Medicare & Medicaid Services' Medicare-Medicaid Coordination Office, provides technical assistance for states coordinated by Mathematica and the Center for Health Care Strategies.

Logistics

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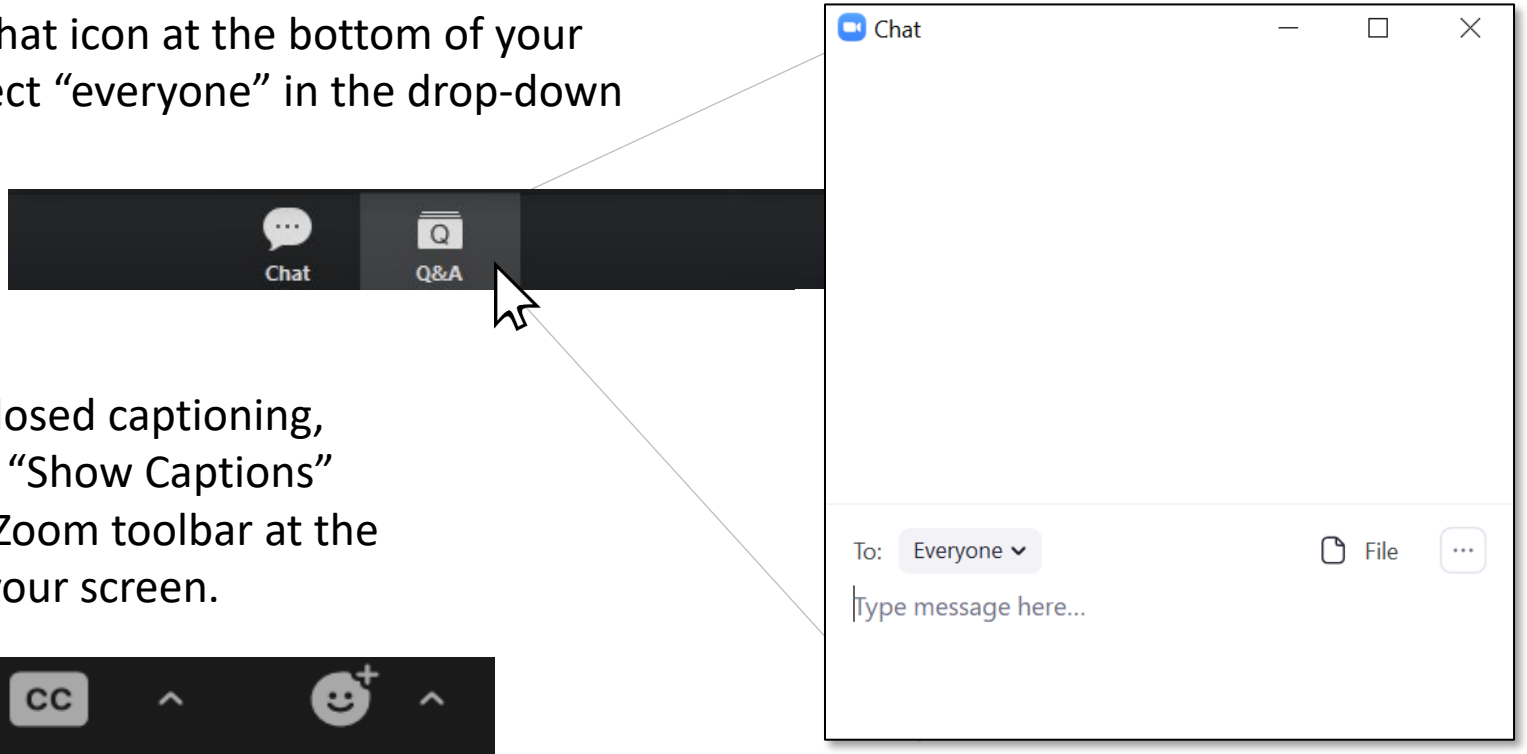

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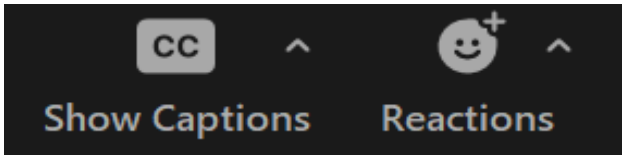

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Agenda

- Brief overview of D-SNPs and introduction to exclusively aligned enrollment (EAE)
- Benefits of EAE
- State contracting strategies for achieving EAE
- Key considerations for states planning for and implementing EAE
- Key steps in EAE implementation
- Examples of states' technical approaches to implementing EAE
- Questions and answers

Presenters

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What Are Dual Eligible Special Needs Plans (D-SNPs)?

What are D-SNPs?

- D-SNPs are Medicare Advantage plans that **only enroll dually eligible individuals.**
- All D-SNPs must:
  - At least **"coordinate" Medicaid benefits** for their members;
  - Have a **Model of Care** that describes how the D-SNP will meet the needs of the dually eligible population being served;
  - Have contract-level **enrollee advisory committees** that solicit input on ways to improve access to covered services, coordination of services, and health equity among underserved populations; and
  - Incorporate questions about **social needs** into **health risk assessments** starting in 2024.

State Contracting with D-SNPs

- In addition to contracts with CMS, D-SNPs must have a **State Medicaid Agency Contract** (SMAC) with each state in which they operate.

- State contracts with D-SNPs must include **minimum contract elements**, but states may include additional requirements to improve administrative, clinical, and financial integration for enrollees.

- States are **not required to contract with D-SNPs**, and states have the authority to deny contracts to potential D-SNPs.

Levels of Integration of D-SNPs

Coordination-Only D-SNPs

- Must meet minimum CMS requirements for D-SNPs.
- Must notify the state Medicaid agency or its designee of hospital and skilled nursing facility admissions for at least one designated group of "high-risk," full-benefit dually eligible (FBDE) enrollees.

Highly Integrated D-SNPs

- Must cover Medicaid behavioral health benefits, long-term services and supports (LTSS), or both.
- Contract for coverage of Medicaid benefits may be with the D-SNP, the D-SNP's parent company, or another entity owned and controlled by the D-SNP's parent company.
- In 2025, a HIDE SNP's capitated contract with the state Medicaid agency must cover the entire service area of the D-SNP.

Fully Integrated D-SNPs

- Must cover Medicaid primary and acute care services and LTSS, including at least 180 days of nursing facility coverage.
- Must use specialized care management and network methods to coordinate care for high-risk beneficiaries
- Entity contracted to cover Medicaid benefits must be the same legal entity that holds the D-SNP contract with CMS
- In 2025, must operate with exclusively aligned enrollment and cover additional Medicaid benefits, and FIDE SNP's capitated contract with the state Medicaid agency must also cover the entire service area of the D-SNP.

For more information, see Weir Lakhmani, E. "Definitions of Different Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) Types in 2023 and 2025." Integrated Care Resource Center. December 2022. Available at: https://www.integratedcareresourcecenter.com/resource/definitions-different-medicare-advantage-dual-eligible-special-needs-plan-d-snp-types-2023

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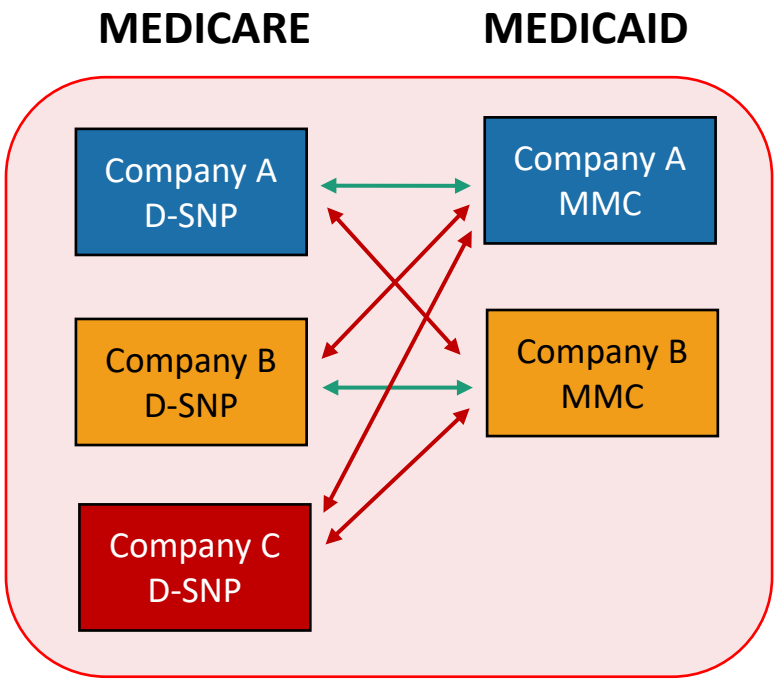
More Information on D-SNPs

- For introductory information about D-SNPs and ways that states can leverage contracts with D-SNPs to better coordinate/integrate benefits for dually eligible individuals, please see ICRC's December 2022 Working with Medicare webinars on D-SNP contracting:
  - Introduction to D-SNPs and D-SNP contracting basics
  - Using D-SNPs to integrate care for dually eligible individuals
- This webinar is part of a series of 2023 ICRC webinars for states on more advanced D-SNP contracting topics. Previous webinars in this series include:
  - Selectively contracting with Medicare Advantage D-SNPs to promote alignment with Medicaid managed care plans (February 2023)
  - Leveraging the D-SNP Model of Care to enhance enrollee care coordination (April 2023)

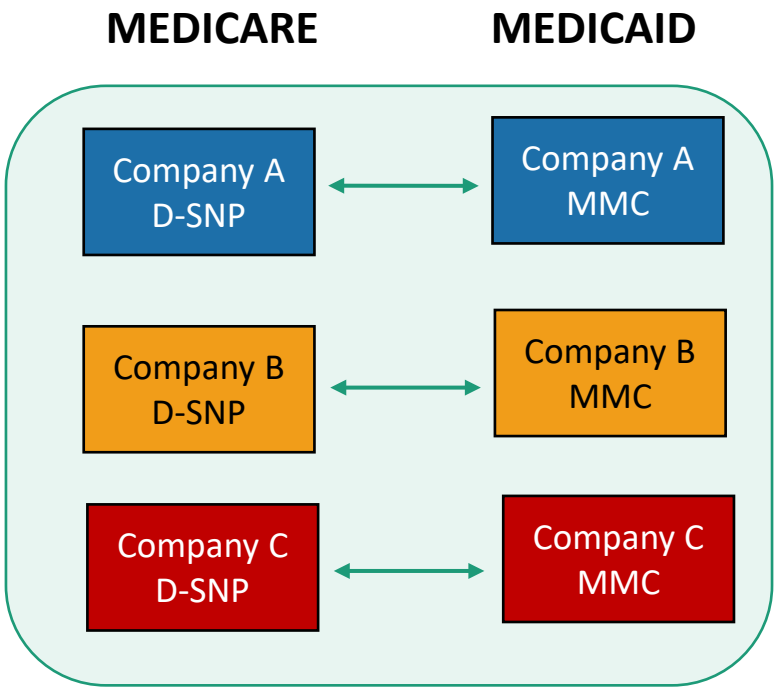
Introduction to Exclusively Aligned Enrollment

What is Aligned Enrollment?

Aligned Enrollment occurs when a beneficiary is enrolled in a D-SNP and a Medicaid managed care (MMC) plan offered by the **same parent company** in the same geographic area.



Aligned and Unaligned Enrollees



All Aligned Enrollees

For more information, see: E. Weir Lakhmani and A. Kruse. "Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Promoting Aligned Enrollment." ICRC, April 2018. Available at: https://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Aligning_Enrollment.pdf

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Exclusively Aligned Enrollment (EAE)

- EAE occurs when the state contract limits enrollment in the D-SNP to **full-benefit dually eligible individuals who receive their Medicaid benefits from the D-SNP or an affiliated Medicaid managed care plan** offered by the same parent company as the D-SNP.
- EAE facilitates use of several strategies to integrate coverage and navigation of Medicare and Medicaid benefits, such as fully integrated enrollee materials, single ID cards, and unified appeal and grievance processes.

Applicable Integrated Plans (AIPs)

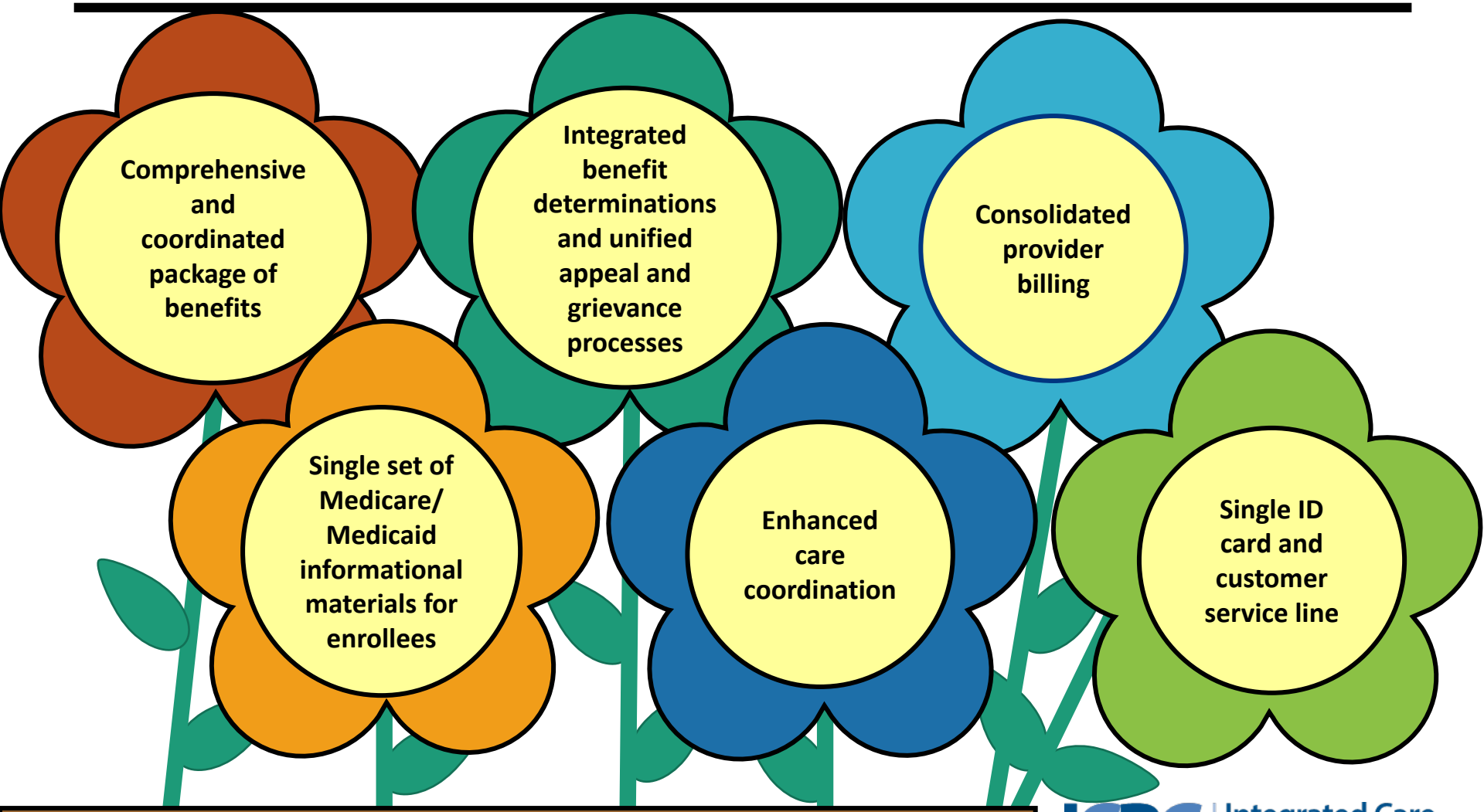
- AIPs are D-SNPs that operate with **exclusively aligned enrollment** and cover at least certain Medicaid benefits.
  - Starting in 2023, to qualify as an AIP, a D-SNP must be either:
    - A FIDE SNP or HIDE SNP with exclusively aligned enrollment; or
    - A CO D-SNP with exclusively aligned enrollment that covers **Medicaid primary and acute care benefits and Medicare cost-sharing** and **at least one of the following additional Medicaid benefits**: home health services; medical supplies, equipment, and appliances; or nursing facility services.
- AIPs must implement **unified plan-level appeal and grievance processes** that are designed to be easier for plan members to navigate than separate Medicare and Medicaid appeal and grievance processes.

For more information on the unified appeal and grievance processes required for AIPs, see ICRC's fact sheet at: https://integratedcareresourcecenter.com/resource/integrated-appeal-and-grievance-processes-integrated-d-snps-exclusively-aligned-enrollment

Source: CMS. "Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs." *Federal Register*, May 9, 2022. Available at https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and

Benefits of EAE

EAE Benefits for Enrollees and Providers



Exclusively aligned enrollment

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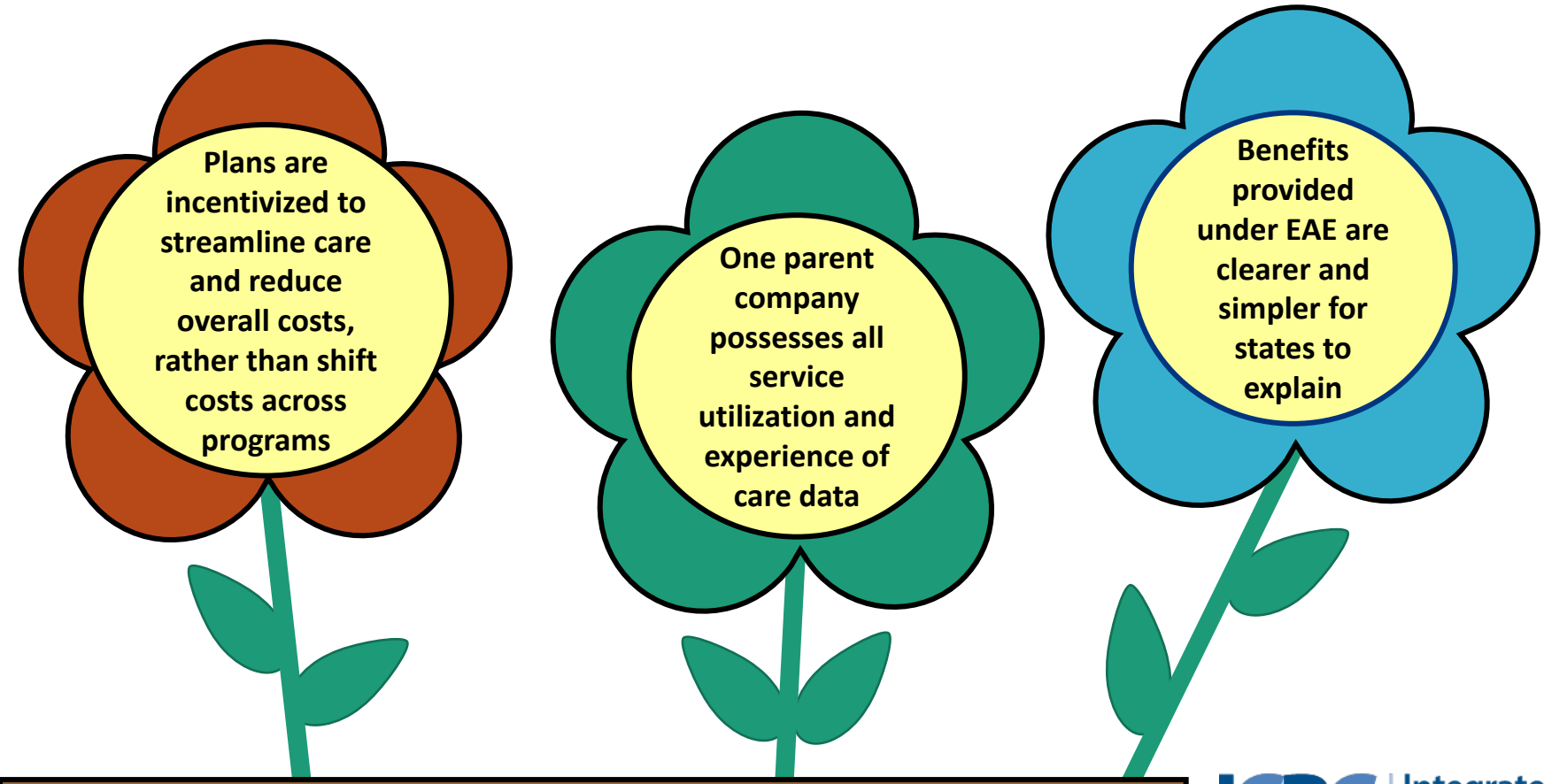
EAE Benefits for States

Because a single parent company is responsible for all (or most) Medicare + Medicaid benefits…



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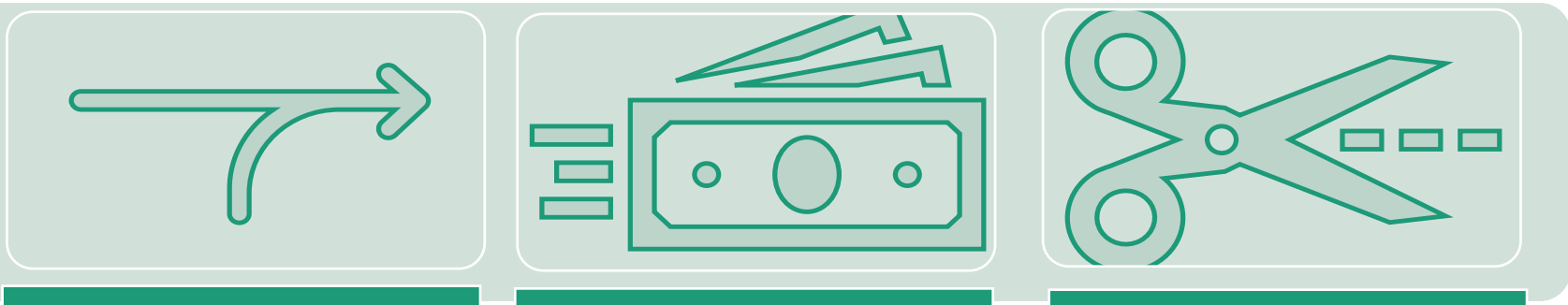
State Contracting Strategies for Achieving EAE

Contracting Strategies for Achieving EAE

States can use one – or a combination of – the following three contracting strategies to achieve EAE, depending the state's goals and its D-SNP and Medicaid managed care environment:

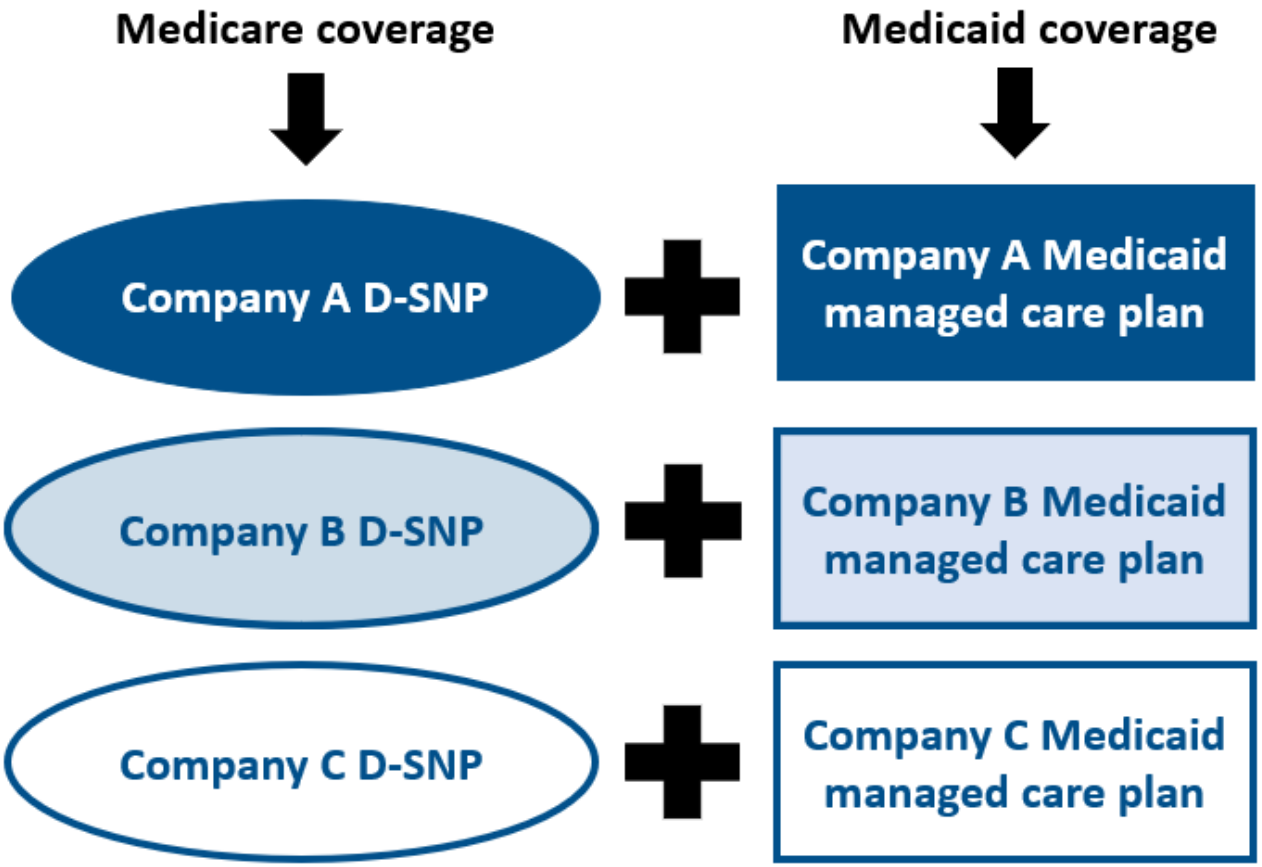


Aligning D-SNPs with affiliated Medicaid managed care plans

Contracting directly with D-SNPs to cover Medicaid benefits

Using separate plan benefit packages (PBPs) for aligned and unaligned enrollees

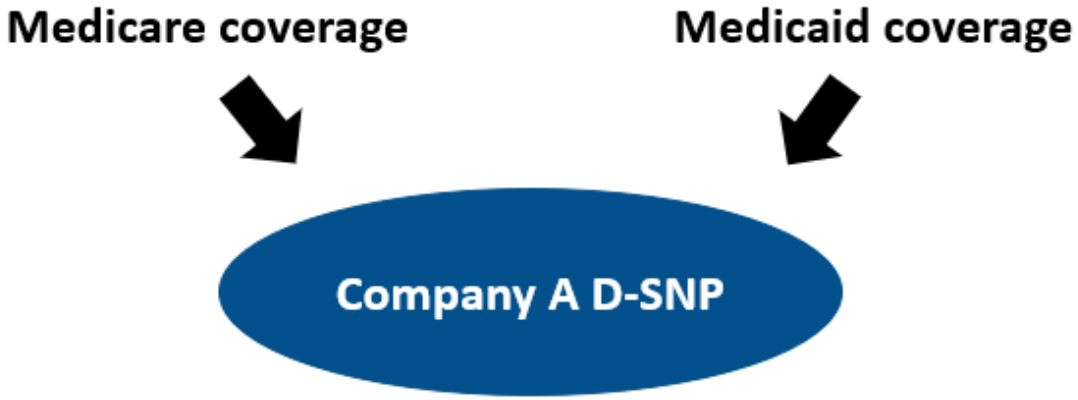
Aligning D-SNPs with Affiliated Medicaid Managed Care Plans



The state selectively contracts with D-SNPs that have affiliated Medicaid managed care plans for dually eligible individuals and requires those D-SNPs to operate with EAE.

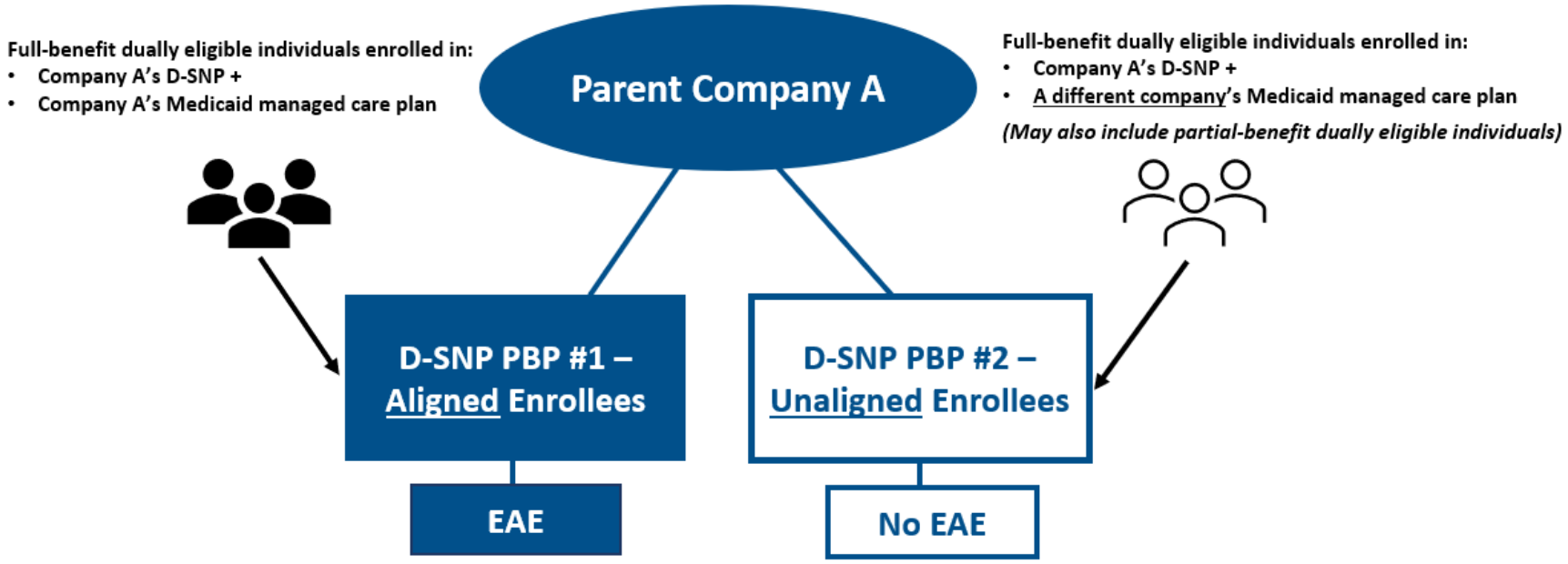
Contracting Directly with D-SNPs to Cover Medicaid Benefits

The state contracts directly with and pays a capitated rate to D-SNPs (instead of Medicaid managed care plans) to cover Medicaid benefits for D-SNP enrollees. These D-SNPs do not need to have affiliated Medicaid managed care plans because the D-SNPs cover the Medicaid benefits directly, and thereby function as Medicaid managed care plans.



Using Separate PBPs for Aligned and Unaligned Enrollees

The D-SNP enrolls dually eligible individuals whose Medicare and Medicaid benefits are "aligned" vs. "unaligned" in separate PBPs, so individuals with aligned benefits are in a single PBP with EAE.



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Key Considerations for States Planning for and Implementing EAE

Current Managed Care Landscape

- Do D-SNPs already operate in the state, and do Medicaid managed care plans enroll dually eligible individuals?
  - If so, do the same parent companies operate both D-SNPs and Medicaid managed care plans operating within the state?
    - Do affiliated D-SNPs and Medicaid managed care plans have service areas that overlap geographically?

Dually Eligible Individuals' Current Enrollment in D-SNPs and Medicaid Managed Care Plans

- What is the **total number** of dually eligible individuals enrolled in D-SNPs and Medicaid managed care plans?
- How many dually eligible individuals are enrolled in **each D-SNP and Medicaid managed care plan**?
- Are **partial-benefit dually eligible individuals** enrolled in D-SNPs? If so, how many?
- What proportion of dually eligible individuals have **"aligned" vs. "unaligned"** enrollment?
  - "Aligned" enrollment occurs when a full-benefit dually eligible individual is enrolled in a D-SNP and a Medicaid managed care plan through the same parent company.

Consider Perspectives of Key Collaborators

Dually eligible individuals	• May need to be educated about the potential benefits of EAE and wonder whether they can continue seeing current providers if they enroll in a plan with EAE
Providers	• May have questions about whether EAE will change how they are reimbursed or how they seek authorization for services
Health plan staff	• May wonder what kinds of support will be available to help them through the transition
State legislators or other leaders	• May want to know if a shift to EAE will require any changes to existing state statutes or regulations and whether they will hear support for or concerns about EAE from constituents

State Infrastructure, Capacity, and Investment

- Does the state have existing staff with the capacity and qualifications needed to oversee the integrated care program?
  - What training might state Medicaid agency staff need to support EAE implementation?
- Does the state have the IT and enrollment systems staff capacity to process timely Medicaid enrollment transactions in order to effectuate EAE?*
- Will the state need to make changes to its Medicaid managed care authorities to implement EAE?
  - More information on this topic is available in the ICRC Medicaid managed care authorities TA tool released in May 2023.

**Note: If a state chooses to use only a "separate PBP" approach to EAE implementation, this may not be necessary.*

Key Steps in EAE Implementation

State-Specific Factors that Influence EAE Implementation

Chosen EAE contracting strategy

- **Aligning D-SNPs** with affiliated Medicaid managed care plans
- **Contracting directly with D-SNPs** to cover Medicaid benefits for D-SNP enrollees
- Requiring D-SNPs to use **separate PBPs** for "aligned" and "unaligned" enrollees (either alone or in combination with one of the other two strategies listed above)

Existing landscape

- Is the state transitioning from an existing **Financial Alignment Initiative demonstration** to an integrated D-SNP model?
- Can the state build on existing **D-SNP-contracts**? Existing Medicaid **managed care contracts**? Both?
- Are certain benefits currently **carved out** of coverage in the state's managed care program(s)?

Scope and service area for EAE D-SNPs

- Whether the state intends to require **all D-SNPs** in the state to operate with EAE or just certain D-SNPs
- Whether EAE D-SNPs will operate **statewide** or in limited areas

Engage Key Collaborators

Before building or changing an integrated program, engage with:

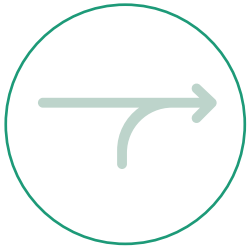
- Dually eligible individuals
- Providers
- Plans
- Other interested external groups

While implementing EAE, develop a workgroup of staff from the state Medicaid agency (and other "sister" agencies when appropriate):

- Policy staff
- Contracting and procurement staff
- Eligibility and enrollment staff
- IT staff

Identify and Execute Systems Changes When Necessary

Make decisions about exchange of eligibility and enrollment information to support enrollment processing



Configure state eligibility and enrollment systems to match policy decisions

Test system changes and conduct readiness reviews with partners

Document EAE Decisions, Requirements, and Processes

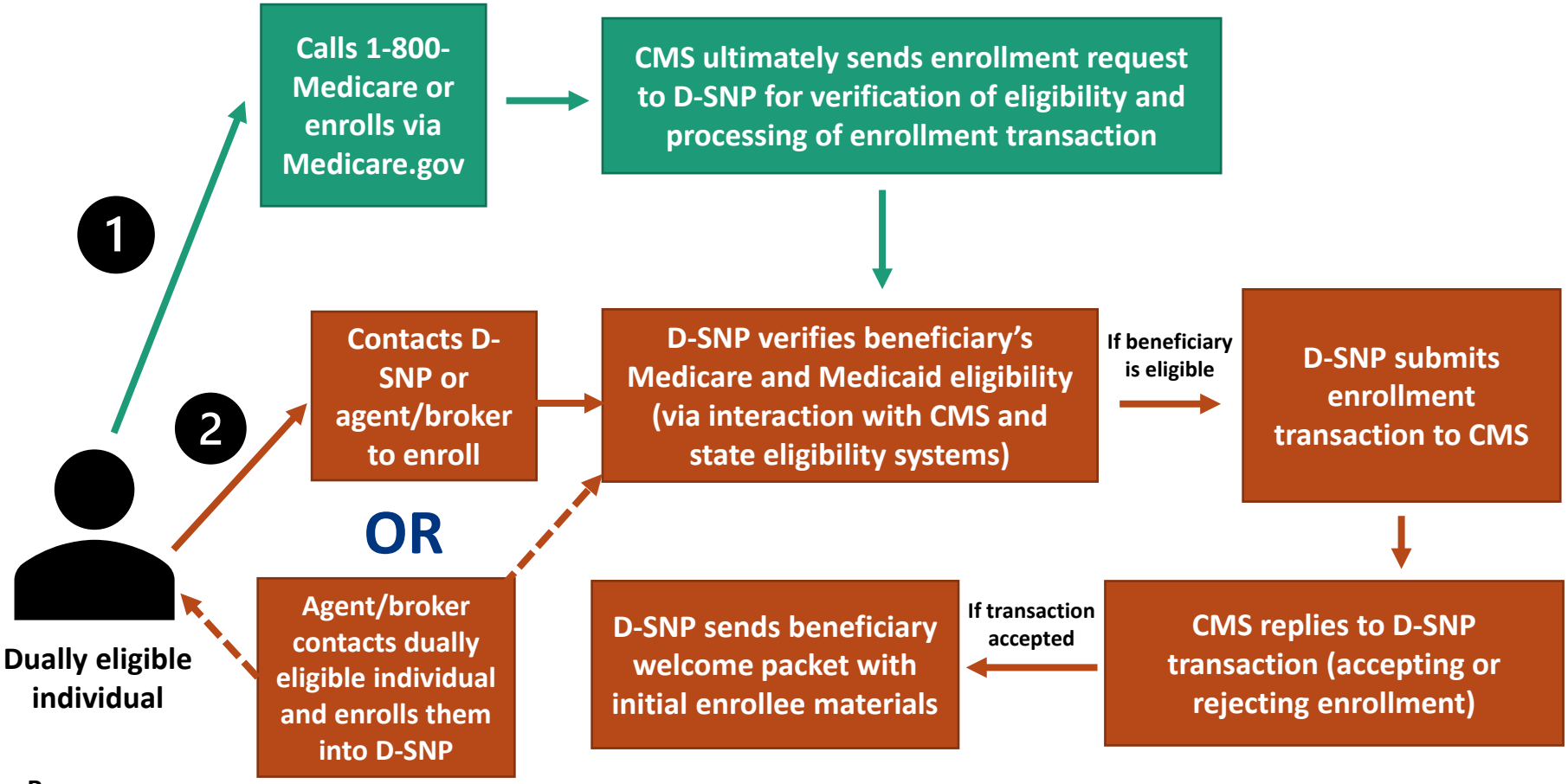
- Communicate **plans for EAE transitions** with D-SNPs (and Medicaid managed care plans when appropriate)
  - Example: "Acknowledgement of Awareness" section in Indiana's State Medicaid Agency Contract with its D-SNPs
- Issue **contract language** describing D-SNPs' and Medicaid managed care plans' EAE requirements, including:
  - EAE-related data exchange/enrollment processing
  - Additional care coordination or administrative processes that EAE enables
- Develop a **manual or process guide** that documents EAE steps, entities responsible for each step, data sources, and other details
  - Supports consistent process and maintenance of institutional knowledge during staff turnover or changes

Develop Consistent Messaging and Train Staff

Enrollment staff	Customer service staff	IT/enrollment systems staff
Train state, enrollment broker and/or health plan enrollment staff to understand EAE and assist with enrollment decisions and processing	Train customer service staff how to discuss EAE with current and prospective D-SNP enrollees	Train IT staff to resolve enrollment discrepancies and address challenges that arise during enrollment processing

State Approaches to EAE

Typical Medicare Enrollment Process Into a D-SNP



Resources:

- Chapter 2 of Medicare Managed Care Manual – Medicare Advantage (MA) Enrollment and Disenrollment Guidance
- CMS MAPD Plan Communications Users Guide

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Policy Decisions that Affect EAE Technical Enrollment Processes

- Which **EAE contracting strategy** a state decides to use
  - Aligning D-SNPs with affiliated Medicaid managed care plans
  - Contracting directly with D-SNPs to cover Medicaid benefits
  - Requiring D-SNPs to use separate PBPs for aligned and unaligned enrollees (alone or in combination with one of the two other strategies listed above)
- Whether the state will **allow exceptions to state Medicaid managed care "lock-in" policies** (when applicable) to facilitate enrollment into integrated D-SNPs
  - These exceptions enable Medicaid enrollment to "follow" Medicare enrollment when a dually eligible individual enrolls in a D-SNP outside of their annual Medicaid managed care open enrollment period in states that have mandatory Medicaid managed care enrollment for dually eligible individuals.
- Whether the state will make exceptions to its existing Medicaid managed care enrollment "cut off date" policy (if such a policy exists) **to align the start dates for Medicaid and Medicare coverage** in an integrated D-SNP

Two States' Policies for Medicaid Enrollment Start Dates

Policy summary: New Jersey retroactively adjusts Medicaid enrollment dates to align with Medicare enrollment dates even when D-SNP enrollment requests are filed late in the month.

Policy summary: Idaho uses a cut-off date for Medicaid enrollment and does not retroactively adjust Medicaid enrollment dates to match Medicare enrollment dates when D-SNP enrollment requests are filed late in the month. This can result in a one-month lag between Medicare and Medicaid enrollment start dates for D-SNP enrollees who request D-SNP enrollment late in the month.

Sunita enrolls in an integrated D-SNP.

March 6

Sam enrolls in an integrated D-SNP.

Jorge enrolls in an integrated D-SNP.

March 30

Mary enrolls in an integrated D-SNP.

Sunita and Jorge begin receiving both **Medicare and Medicaid** benefits from their chosen D-SNP.

April 1

Sam begins receiving both **Medicare and Medicaid** benefits from Sam's chosen D-SNP.

Mary begins receiving her **Medicare** benefits from her chosen D-SNP on **April 1**.

May 1

Mary begins receiving her **Medicaid** benefits from her chosen D-SNP on **May 1.**

New Jersey EAE Process

- **Step 1: Beneficiary** enrolls in exclusively aligned D-SNP (through D-SNP, 1-800-MEDICARE, or Medicare.gov).
- **Step 2:** After verifying Medicare and Medicaid eligibility, **D-SNP** submits 834 file (showing beneficiary enrollment) to the state for review.
- **Step 3: State** generates a modified 834 file and disposition file that are sent back to the D-SNP, confirming or rejecting enrollment, based on state Medicaid eligibility data.
- **Step 4: D-SNP** sends final, approved 834 to State. **State** uses that file to generate EAE enrollment and capitation files for the next enrollment month.
- **Step 5: State** auto-assigns each D-SNP enrollee to the plan for coverage of Medicaid benefits. State uses retroactive enrollment start dates when necessary to ensure that Medicaid managed care enrollment start date aligns with D-SNP enrollment start date.

California EAE Process

- **Step 1: Beneficiary** enrolls in exclusively aligned D-SNP (through D-SNP, 1-800-MEDICARE, or Medicare.gov).
- **Step 2: D-SNP/CMS** processes enrollment.
- **Step 3: State** identifies change in Medicare enrollment using CMS TBQ file exchange process, notifies state enrollment broker.
- **Step 4: Enrollment broker** processes Medicaid enrollment into Medicaid managed care plan that is aligned with D-SNP. Medicaid enrollment may lag behind D-SNP enrollment by one month if D-SNP enrollment is processed late in the month.
- **Step 5: Medicaid managed care plan (aligned with D-SNP)** learns of beneficiary enrollment from daily, weekly and monthly files issued by the state and the state's enrollment broker.

District of Columbia EAE Process

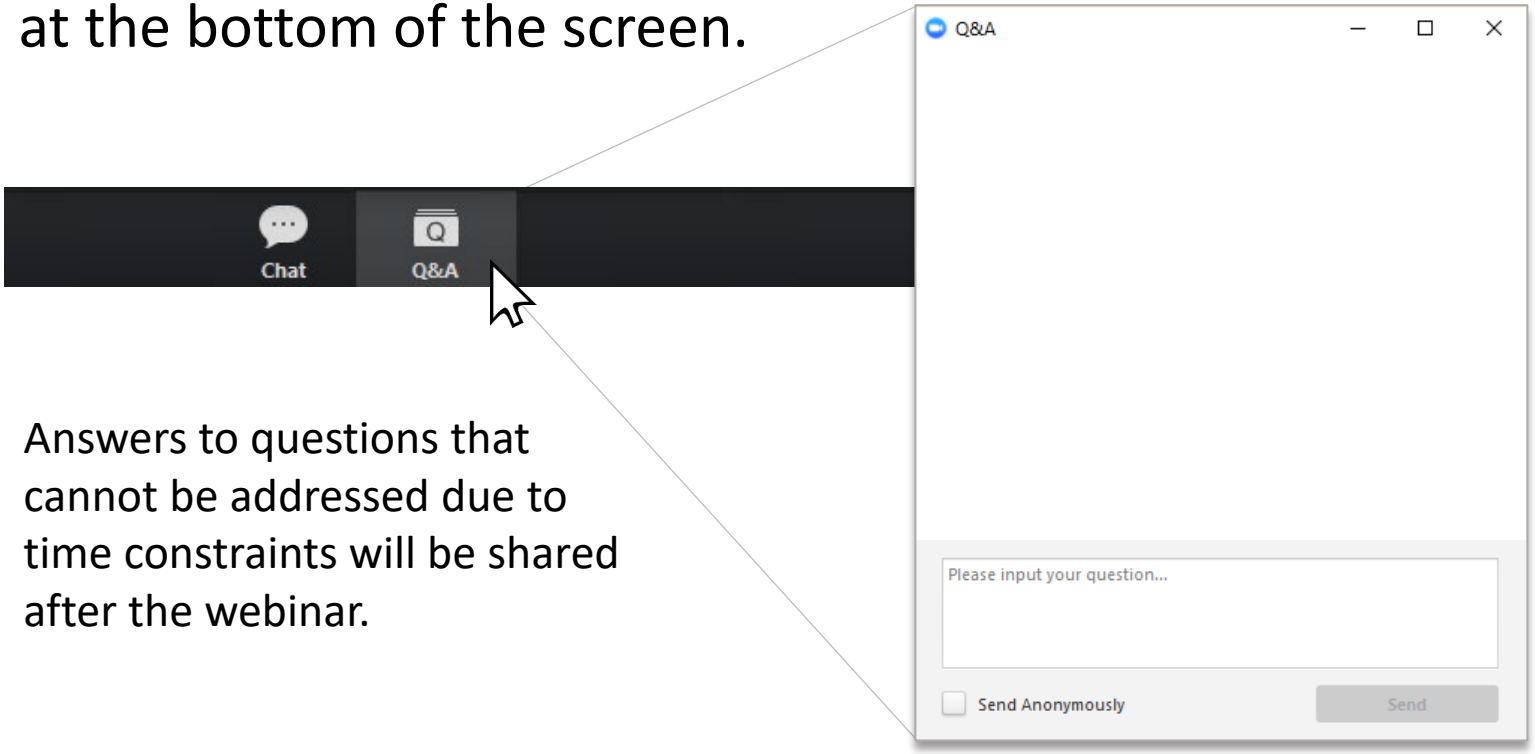
- **Step 1: Beneficiary** enrolls in exclusively aligned D-SNP (through D-SNP, 1-800-Medicare, or Medicare.gov)
- **Step 2:** After verifying Medicare and Medicaid eligibility, **D-SNP** submits 834 file (showing beneficiary enrollment) to the District for review.
- **Step 3: The District** sends a modified 834 response file to the D-SNP confirming or rejecting enrollment, based on the District's Medicaid eligibility data. **The District** also sends a **daily 834 audit file** that includes every member enrolled on the day the file was created.
- **Step 4: The District** allows D-SNPs to effectuate enrollment for members up to 7 days *after* the start of the month. Based on the information shared through the daily 834 file exchange, **the District** auto-assigns the member's Medicaid managed care benefits to their chosen D-SNP on the same day as their Medicare enrollment date.
- **Step 5: The District** sends D-SNPs capitation files around the 25th of the month for all members who are assigned by that date. The District also **sends a mid-month adjustment capitation file** on the 2nd Tuesday of the month that includes any enrollees who were added late in the month.

Designing Your Approach

- **While many states that have used EAE have had similarities across their approaches, each state's approach is also unique in certain ways, as each state's approach is designed to fit each state's unique landscape and systems.**
  - ICRC can provide direct, 1:1 technical assistance to states on establishing technical processes for EAE that will work in your specific state environment.
- **Along with this webinar, ICRC has also created two written tools to help support states in planning for and implementing EAE, including:**
  - A brief, introductory tip sheet introducing what EAE is and the benefits of EAE, and
  - A longer TA brief discussing the key policy decisions and considerations for states planning for EAE.
  - Additional tools will be forthcoming, such as:
    - A tip sheet describing the key steps involved in implementing EAE, and
    - A set of enrollment and disenrollment scenario tables to help states think through the roles and responsibilities of different parties in implementing specific steps when a dually eligible individual enrolls in or disenrolls from a D-SNP operating with EAE.

Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.



Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.

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About ICRC

- Established by CMS to advance integrated care models for dually eligible individuals
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica and the Center for Health Care Strategies
- Visit http://www.integratedcareresourcecenter.com to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges
- Send other ICRC questions to: integratedcareresourcecenter@chcs.org