



TIP SHEET SERIES: STATE APPROACHES TO MEDICARE-MEDICAID INTEGRATION

Exclusively Aligned Enrollment – Key Approaches & Considerations for States

About the Issue

Exclusively aligned enrollment (EAE) occurs when a state limits all dual eligible special needs plan (D-SNP) enrollment to full-benefit dual eligible individuals for whom the D-SNP also has Medicaid risk. States use one of three approaches to accomplish aligned enrollment, described below, each with policy, operational, and systems implications.

States pursuing EAE should be aware of approaches and key considerations. In all instances, states should educate enrollment counselors (e.g., State Health Insurance Assistance Programs) on the impact of EAE on plan choice.***

1 Medicare Enrollment Choice Drives Alignment

What it is: State adjusts dual eligible Medicaid enrollment to match Medicare enrollment. A dual eligible individual chooses to enroll in a D-SNP offered by Organization A for Medicare benefits, and the state auto-assigns Medicaid plan enrollment so the individual also receives Medicaid benefits from Organization A.

🔑 Key considerations:

- Dual eligible individuals have multiple Medicare enrollment periods, but states may limit Medicaid enrollment changes to once annually or Medicaid enrollment periods may differ from Medicare enrollment periods. As a result, states may need to change policy, process, or systems to align Medicaid with Medicare enrollment periods.
- Because D-SNPs leverage Medicare agents, and because dual eligible individuals may be attracted to D-SNP supplemental benefits offered through Medicare, this EAE approach where Medicare drives enrollment can result in the largest portion of dual eligible individuals enrolled in EAE D-SNPs. As dual eligible individuals may disproportionately choose a D-SNP based on their Medicare supplemental benefit offerings, states can include policies in the State Medicaid Agency Contract (SMAC) to promote D-SNP market parity.

2 Medicaid Enrollment Choice Drives Alignment

What it is: State limits D-SNP enrollment to dual eligible individuals a D-SNP already serves through a Medicaid plan. A dual eligible individual must first be enrolled in the Medicaid plan offered by Organization A before enrolling in the aligned D-SNP offered by Organization A.

🔑 Key considerations:

- This approach requires the fewest policy, operational, and systems changes for states to implement.
- Because of the role of Medicare agents in maximizing D-SNP enrollment, Medicaid enrollment driving EAE may result in fewer dual eligible individuals enrolled in an EAE D-SNPs. In addition, in states with voluntary Medicaid managed care, dual eligible individuals may be in Medicaid fee-for-service and ineligible for D-SNP.

3 Simultaneous Enrollment Choice Drives Alignment

What it is: State creates a process that results in simultaneous Medicare and Medicaid enrollment for dual eligible individuals, for example via a single enrollment form or through a “capitated” D-SNP.***

🔑 Key considerations:

- This approach typically leverages a single enrollment form and process and creates the most seamless experience for dual eligible individuals but may require state policy change regarding enrollment periods and processes.

*See [here](#) for additional enrollment policy considerations for states advancing integration

** See [here](#) for tool on how states can engage and support SHIPs as key partners in integration efforts

***See [here](#) for more on capitated D-SNPs