National
MLTSS
Health Plan Association

Aligning Medicare and Medicaid Enrollment Dates for Dually Eligible Beneficiaries: State Strategies to Reduce Coverage Lags and Improve Care

Introduction

Dually eligible beneficiaries must navigate two separate, siloed health insurance programs (Medicare and Medicaid) that were not designed to work together, creating a complex coverage landscape that can result in care gaps and administrative challenges. Integrated Dual Eligible Special Needs Plans (D-SNPs) were developed to address these complexities by coordinating Medicare and Medicaid benefits through a single entity. However, differences in how enrollment timing is managed between Medicare and state Medicaid programs can lead to coverage misalignments, disrupted continuity of care, and beneficiary confusion. This brief examines the background, implications, and potential state strategies to minimize enrollment misalignments and improve access to seamless, integrated care for dually eligible beneficiaries.

Background

Integrated D-SNPs are designed to coordinate Medicare and Medicaid benefits for individuals eligible for both programs. Integration is achieved when a dually eligible individual's Medicare and Medicaid services are coordinated by a single entity or parent organization. To facilitate integration, an enrollment change may be required to ensure that an individual enrolled in a Medicaid managed care organization (MCO) is also enrolled in an affiliated D-SNP; known as aligned enrollment. When an individual elects to enroll in a D-SNP, Medicare coverage generally begins on the first day of the next month. In Medicaid, however, the effective date of an enrollment change would depend on the timing of the enrollment request relative to the state's monthly managed care enrollment cut-off dates. In some states, if a beneficiary changes their D-SNP election after a certain date, their coverage will be delayed an extra month. For example, in states where the Medicaid enrollment cut-off date is the 15th of the month, a D-SNP enrollment change requested on September 18 will be effective on October 1, but a Medicaid enrollment change requested on the same date will not be effective until November 1, resulting in coverage misalignment for impacted dually eligible individuals for a full calendar month. This misalignment creates beneficiary confusion and operational challenges that ultimately undermine efforts to achieve EAE for dually eligible individuals. Thus far, the MLTSS Association has identified instances of this experience in California, Delaware, Texas, South Carolina, and Virginia.

Implications

Coverage Lag: Beneficiaries enrolling into a Medicaid MCO that is aligned with their selected D-SNP after the state's Medicaid enrollment cut-off date may experience an extended lag before their Medicare and Medicaid plan coverage is aligned.

Beneficiary Confusion: During the coverage lag, beneficiaries are likely to receive conflicting or misleading information from their new D-SNP and their existing Medicaid plan regarding provider networks, access to services, care coordination contacts, and grievance and appeals procedures. This miscommunication can create significant barriers and gaps in care, particularly for individuals with complex medical needs or those receiving LTSS. Additionally, care coordination will not be fully

integrated during this period, limiting the new plan's ability to conduct comprehensive health assessments, develop timely care plans, and ensure smooth transitions of care.

State Mitigation Strategies

Several states have already implemented policy changes to address this challenge. For instance, Illinois allows a grace period for dually eligible individuals who enroll after the state's Medicaid managed care cut-off date, enabling retroactive adjustments to Medicaid eligibility. This policy ensures that beneficiaries' Medicaid coverage aligns with the effective date of their new Medicare D-SNP enrollment, preventing gaps in integrated coverage and reducing beneficiary confusion.

Recommendations

States could also pursue additional strategies beyond those already mentioned to address enrollment challenges, reduce beneficiary confusion, and support continuity of care.

Recommendation 1: **Remove or delay the enrollment cut-off date for individuals who are dually eligible.** By removing strict enrollment cut-off dates, dually eligible beneficiaries would receive coordinated Medicare and Medicaid benefits without interruption. This approach could also reduce state administrative burden.

Recommendation 2: Compare enrollment records to ensure integrated benefits commence on the Medicare effective date. Comparing records to identify misalignments in care between Medicare and Medicaid programs would ensure there are no coverage lags and that a beneficiary's Medicare and Medicaid benefits begin seamlessly on the same day.

Recommendation 3: Implement a manual process to support timely disenrollment from the beneficiary's former managed care organization or from fee-for-service Medicaid. The MLTSS Association acknowledges that a manual enrollment process is cumbersome and adds a level of administrative burden. However, a manual process would ensure that beneficiaries maintain access to care without interruptions. It could also help minimize administrative and provider challenges, such as issues with claims processing. While this recommendation would be effective, it should only be considered a temporary, short-term solution.

Conclusion

Addressing misalignments in Medicaid and D-SNP enrollment is essential to ensure that dually eligible beneficiaries receive integrated care without disruption. By delaying cut-off dates, reconciling Medicare and Medicaid data, and supporting timely plan disenrollments, state Medicaid agencies could help prevent coverage interruption and reduce beneficiary confusion.

About the National MLTSS Health Plan Association

The National MLTSS Health Plan Association represents managed care organizations (MCOs) that have Medicaid managed care contracts with one or more states and take risk for long-term services and

supports (LTSS), including home and community-based services (HCBS), provided under Medicaid.[1] MLTSS Association members are also leaders in integrated care, a system that aligns the delivery, payment, and administration of Medicare and Medicaid benefits for individuals who are dually eligible for both programs.

[1] Members include Aetna, AlohaCare, AmeriHealth Caritas, CareSource, Centene, Elevance Health, Florida Community Care, Humana, LA Care, Molina Healthcare, Neighborhood Health Plan of Rhode Island, VNS Health, UnitedHealthcare, UPMC Community Health Choices