

# Understanding Medicare-Medicaid Alignment and Integrated Plans:

## Applicable Integrated Plans (AIPs) vs. Non-AIP Plans

CMS is increasing alignment between Medicare and Medicaid to support a more coordinated healthcare experience for people with complex healthcare needs. Wellcare has extensive experience supporting integrated care and is committed to helping providers and members navigate these changes.

### About the upcoming Medicare-Medicaid Alignment Changes

**What's changing?** Beginning in 2027, CMS will implement new requirements for certain Dual Eligible Special Needs Plans (D-SNPs), with additional changes continuing through 2030. These updates are designed to better align Medicare and Medicaid coverage for dual-eligible individuals.

#### Why it matters to providers

As Medicare-Medicaid alignment expands, understanding how a patient's coverage is organized becomes increasingly important. When benefits are better aligned, providers may experience:

- Simplified billing and claims management with one organization
- Aligned authorization processes
- Fewer eligibility and coordination-of-benefits challenges
- Decrease claim rework and payment delays
- Better coordination of patient care

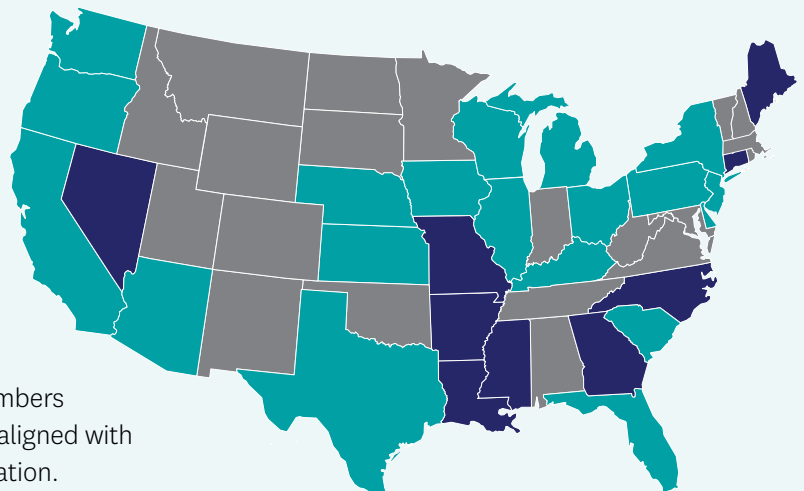
#### Key dates

##### By January 1, 2027

Individuals enrolling for the first time or changing their D-SNP may be required to enroll in the same organization's Medicare and Medicaid plans when one is available.

2027 alignment rules do not apply in these Wellcare states.

By 2030, alignment rules will apply to all D-SNP members (new and existing) whose Medicare coverage is not aligned with the plan's affiliated Medicaid managed care organization.



*\*Information shown is current as of Jan. 1, 2027. Wellcare D-SNP product availability is subject to change.*

## How to recognize Fully Integrated (AIP), Highly Integrated, and Non-Integrated Plans

Wellcare currently operates integrated plans across multiple states and continues to support CMS' efforts to expand access to more coordinated care models for dual-eligible individuals.

Understanding the differences between integrated and non-integrated plan designs can help providers better support patients as Medicare-Medicaid alignment requirements continue to evolve.

| Integration Level                                         | What they are                                                                                                                                     | Wellcare's Plan names                                                                                                                             |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Applicable Integrated Plan (AIP)</b><br>(e.g., FIDE)   | Medicare and Medicaid are aligned, and patients experience more integrated processes such as appeals, grievances, notices, and care coordination. | Will always end with "Dual Align"                                                                                                                 |
| <b>Integrated D-SNPs</b><br>(e.g., HIDE)                  | Medicare and Medicaid work together but may not meet all AIP requirements.                                                                        | Will always end with "Sync." For example: Dual Liberty <u>Sync</u> , Dual Access <u>Sync</u> , Dual Reserve <u>Sync</u> , Dual Select <u>Sync</u> |
| <b>Non-Integrated D-SNPs</b><br>(e.g., Coordinated D-SNP) | D-SNPs that may coordinate benefits but have fewer integrated patient processes.                                                                  | No additional identifiers are added and plan names end with: Liberty, Access, Reserve, Select                                                     |

## Helping Patients Stay Connected to Coverage and Care

The deeming process may allow some patients to remain temporarily enrolled in their D-SNP if Medicaid eligibility is lost while their eligibility status is reviewed. Prompt action on Medicaid renewal requests can help avoid unnecessary coverage disruptions.

### Providers and care teams can also support patients by helping them:

- Verify coverage and eligibility
- Understand their plan benefits
- Confirm participating providers
- Connect with care coordination resources
- Navigate state-specific enrollment requirements



**Our care teams are here to help, find resources now at [wellcare.com](https://www.wellcare.com) > Select your state, or call 1-855-538-0454.**