

Delivering Better Connected Care for Dual-Eligible Members

Why Alignment Matters

- Stronger collaboration among providers, care managers, and service coordinators
- A more whole-person approach to addressing medical, behavioral, and social needs
- Improved continuity of care
- Greater opportunities to support members with complex and chronic conditions

- Better Patient Coordination with fewer handoffs
- Reducing fragmented care experiences
- Strengthening communication across the care team
- Easier management of care gaps, transitions and outcomes
- Improving coordination for high-risk populations

About the upcoming Medicare-Medicaid Alignment Changes

Key dates

■ 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.

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.

Map of the United States showing the distribution of 12-month product availability for the 2019-2020 season. States are color-coded: teal for 12-month availability, dark blue for 9-month availability, and grey for 6-month availability.

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 LTSS providers support clients as Medicare-Medicaid alignment requirements continue to evolve.

Integration Level	What they are	Wellcare's Plan names
Applicable Integrated Plan (AIP) (e.g., FIDE)	Medicare and Medicaid are aligned, and clients experience more integrated processes such as care coordination, service coordination, care planning, notices, appeals, and grievances.	Will always end with "Dual Align"
Integrated D-SNPs (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>
Non-Integrated D-SNPs (e.g., Coordinated D-SNP)	D-SNPs that may coordinate benefits but have fewer integrated care and service processes.	No additional identifiers are added and plan names end with: Liberty, Access, Reserve, Select

What VBC Providers Can Do

As Medicare-Medicaid alignment expands, providers can help support a coordinated member experience by:

- Knowing which patients are dual eligible and verifying coverage
- Directing benefit, coverage, network, eligibility, or enrollment questions to approved plan resources without recommending plans
- Continuing to close care gaps through preventative care, chronic care, and follow up visits
- Documenting accurately (clean coding, complete records – EMR, timely data)
- Supporting members through coverage transitions and enrollment changes (Medicaid eligibility renewal, etc.)
- Connecting members to available care management programs (medical, behavioral, LTSS, SDoH)



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