State Guide to Identifying Aligned Enrollees: How to Find Medicare Plan Enrollment for Dually Eligible Individuals in Medicaid Managed Care Plans

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States can advance integrated care for dually eligible individuals by promoting aligned enrollment[1] in Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) and Medicaid managed care plans owned by the same parent company ("affiliated" plans). Dually eligible individuals who receive Medicare and Medicaid coverage from affiliated plans can benefit from improved integration of benefits and care coordination.

In order to promote aligned enrollment and facilitate coordination for unaligned enrollees, states need to know *where* dually eligible individuals are enrolled for their Medicare and Medicaid coverage. States that identify aligned (and unaligned) dually eligible enrollees can share that information with Medicare and/or Medicaid health plans to facilitate care coordination. In addition, states with integrated care programs are asked to report information about aligned enrollment to the Centers for Medicare & Medicaid Services (CMS) Medicare-Medicaid Coordination Office (MMCO) on an annual basis (see **Figure 1**), and may wish to share this data with state legislators or other stakeholders as well. This technical assistance tool explains how states can identify aligned and unaligned enrollees within their dually eligible populations through two methods: (1) accessing CMS data on Medicare plan enrollment and matching it with Medicaid plan enrollment data; or (2) collecting aligned enrollment data directly from D-SNPs.

Every year in its annual Report to Congress, CMS MMCO publishes data on aligned enrollment in integrated managed care programs for dually eligible individuals.[2] In 2019, more than one million dually eligible individuals were enrolled in integrated managed care initiatives for coverage of both their Medicare and Medicaid benefits, including enrollees in affiliated D-SNPs and Medicaid managed care plans.

What Is Aligned Enrollment?

Aligned enrollment occurs when a dually eligible individual is enrolled in a D-SNP and Medicaid managed care plan offered by the same parent company in the same geographic area. If a D-SNP enrollee receives Medicaid coverage from an entity outside of the D-SNP's parent company (e.g., from a Medicaid managed care organization that is operated by a different parent company or through fee-for-service (FFS) Medicaid), that enrollee is considered *unaligned* (see **Figure 2**).

Exclusively aligned enrollment occurs when the state's contract with the D-SNP limits D-SNP enrollment to only full-benefit dually eligible individuals who receive their Medicaid benefits through the D-SNP or an affiliated Medicaid managed care plan offered by the same parent company as the D-SNP.

Figure 1. Total Integrated Managed Care Enrollment by Program Type: 2011 vs. 2019
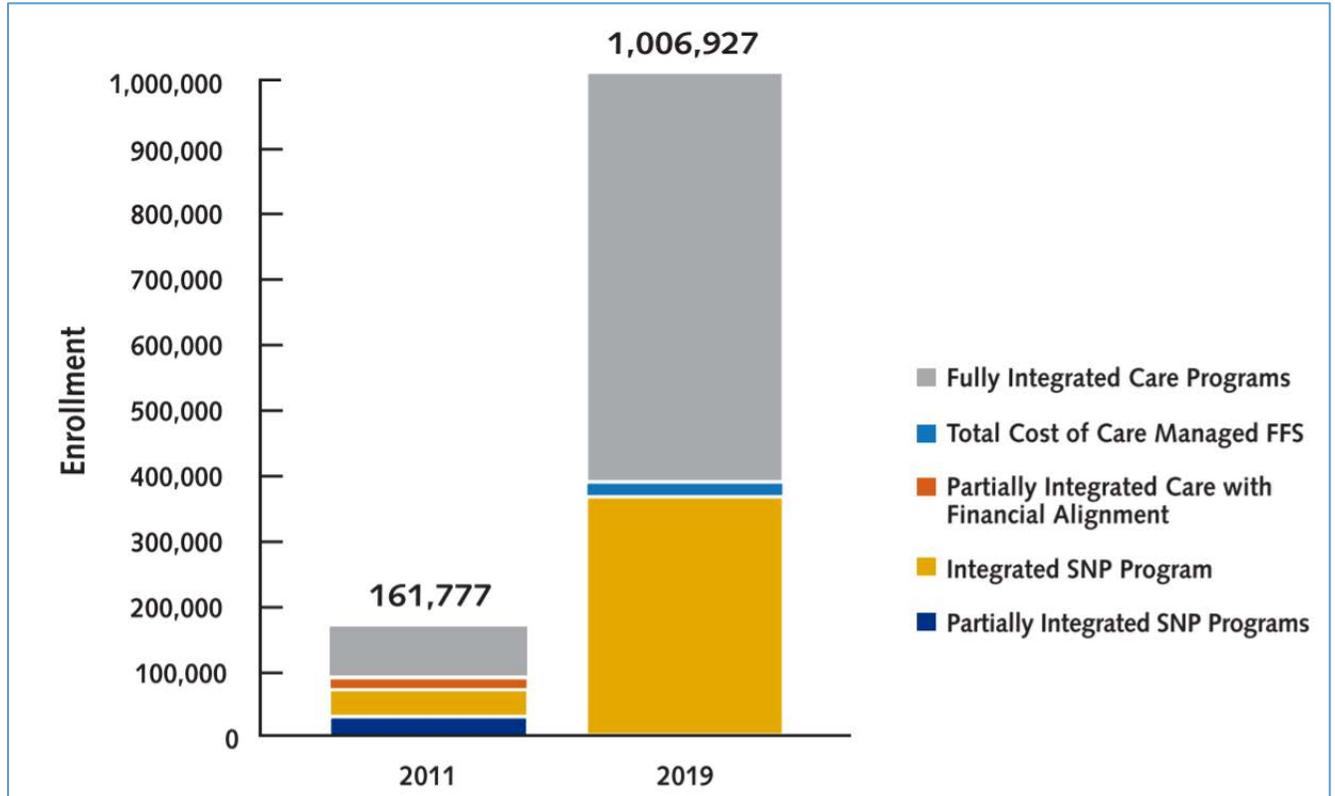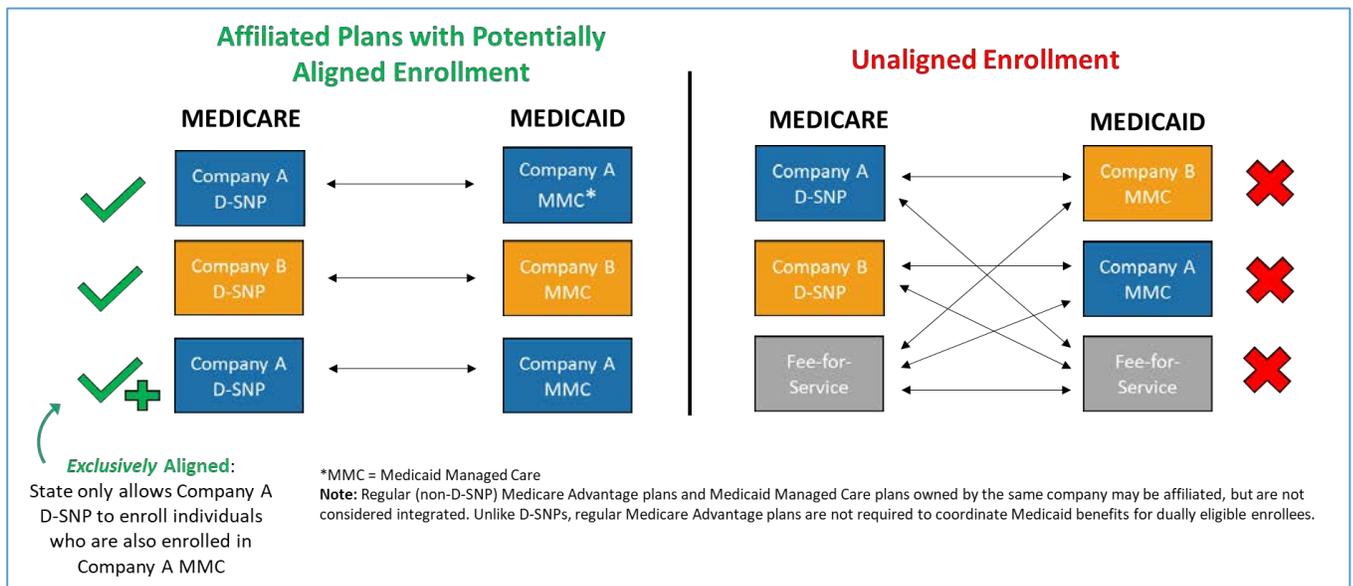

Figure 2. Aligned, Exclusively Aligned, and Unaligned Enrollment

Why Should States Collect Aligned Enrollment Information?

While states know where dually eligible individuals are enrolled to receive their Medicaid coverage, they may not know where these individuals are receiving their Medicare coverage. States that collect Medicare enrollment information for their Medicaid beneficiaries can identify aligned (and unaligned) enrollees and use that information for many purposes, including:

- Identifying trends in the marketplace and patterns of aligned enrollment;

- Developing policies and outreach strategies that promote aligned enrollment, such as use of default enrollment[3] and/or communicating with unaligned enrollees about the benefits of aligned enrollment;

- Reporting information about aligned enrollment to CMS MMCO and other stakeholders; and

- Sharing enrollee-level information with D-SNPs about where their unaligned enrollees receive Medicaid benefits to promote care coordination.[4]

How Do States Identify Aligned (and Unaligned) Enrollees?

Most states use one of two methods to identify aligned enrollment: (1) **using CMS data** to identify where dually eligible individuals are receiving Medicare coverage and matching it with state data on Medicaid enrollment; or (2) **collecting information directly from D-SNPs** regarding the number of (or which) D-SNP enrollees are enrolled in an affiliated Medicaid managed care plan. The following sections provide step-by-step instructions for each of these two methods.

How to Collect Aligned Enrollment Information by Matching CMS Data on Medicare Enrollment with State Data on Medicaid Enrollment

- **Step 1: Obtain the Contract and Plan ID Numbers for D-SNPs Operating in Your State.** First, states need to find the names of the parent companies currently operating D-SNPs in the state, their contract numbers, and plan ID number of each of their D-SNPs. States can then compare the list of D-SNP parent company names to those of companies offering a Medicaid plan in the state. If a D-SNP and a Medicaid plan are affiliated, they could have aligned enrollees. For information on how to identify D-SNP contract and plan ID numbers, see **Appendix A**. (Note that this source often has only very general information on the geographic areas in a state in which the D-SNP is operating.)

- **Step 2: Extract Medicare Enrollment Data via CMS Data Exchange Processes.** Next, states can extract dually eligible individuals' Medicare enrollment information from files already received from CMS. **Table 1** presents the CMS data exchange processes that states may use to gather information on dually eligible individuals' Medicare plan enrollment. In each of these processes, states send CMS a request file with beneficiary identifiers and other key data for potential or current dually eligible individuals. CMS will then send a response file that includes Medicare plan enrollment information (see "Key Medicare Enrollment Data Fields" in **Table 1**) for each dually eligible individual in the request file. Plans can then match the Medicare enrollment information in these files with Medicaid enrollment information (described in Step 3).

See **Figure 3** for a diagram of the file exchange process. For detailed instructions on each of the data exchange processes presented in **Table 1**, see the Medicare Advantage and Prescription Drug State User Guide, available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/MAPD-State-User-Guide.

- **Step 3: Match Medicare Plan Enrollment Data with Medicaid Enrollment Data.** After extracting Medicare plan enrollment data from one of the files described in **Table 1**, the state can then match that data with Medicaid managed care enrollment data using any combination of the beneficiary identifiers listed in the table.

- **Step 4: Identify Aligned and Unaligned Enrollees.** Once the state matches dually eligible individuals' Medicare and Medicaid plan enrollment data, the state can isolate D-SNP enrollees by selecting the dually eligible individuals with a D-SNP contract and plan ID number in the fields described in the "Key Medicare Enrollment Data Fields" row in **Table 1** (see the row titled "Finding Medicare Enrollment Type" for details). After isolating D-SNP enrollees, the state can create reports on aligned or unaligned enrollees as illustrated in **Figure 3**.

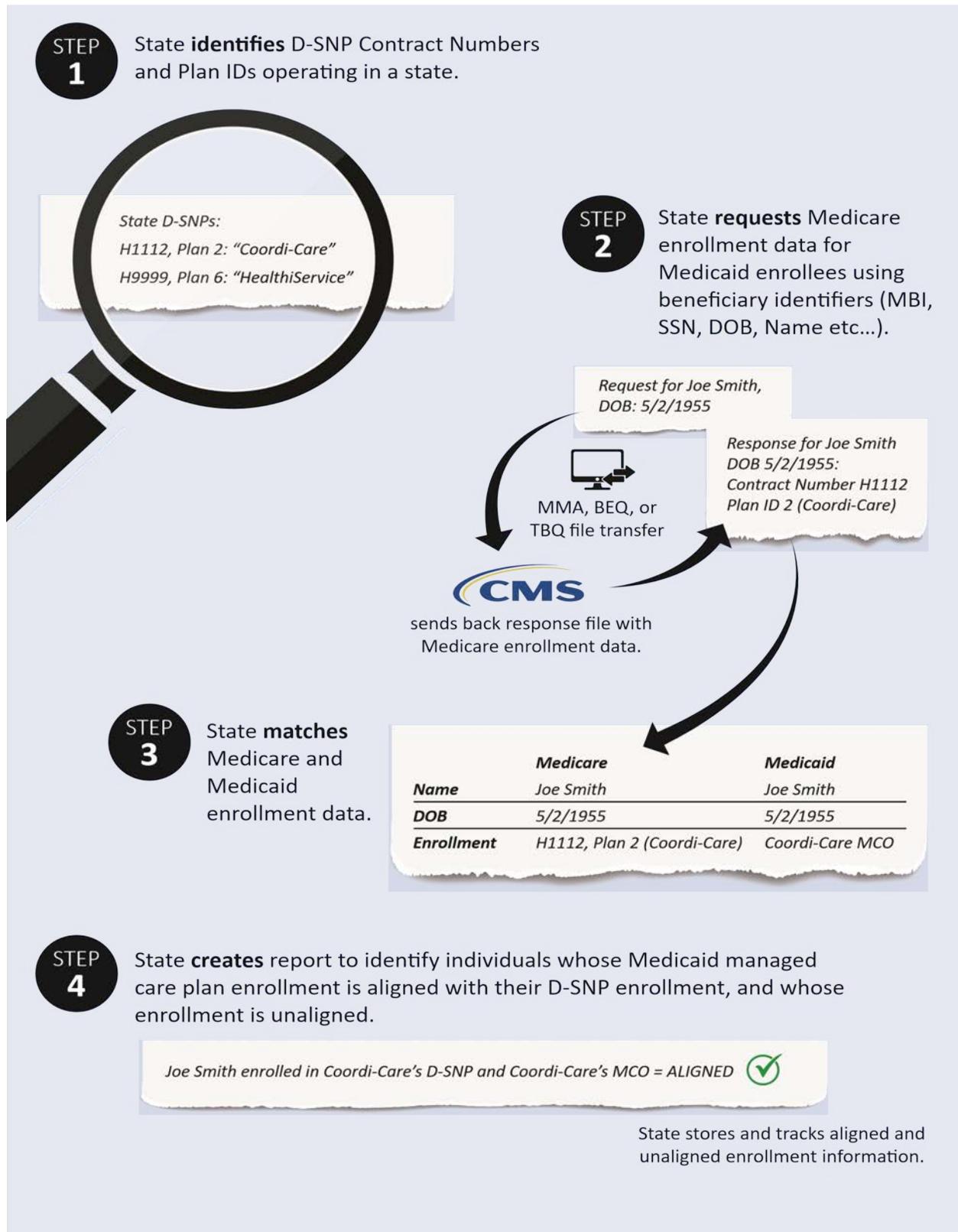## Figure 3. State and CMS File Exchange Infographic for Matching and Tracking Aligned (and Unaligned) Enrollees

STEP 1 State **identifies** D-SNP Contract Numbers and Plan IDs operating in a state.

State D-SNPs:
H1112, Plan 2: "Coordi-Care"
H9999, Plan 6: "HealthiService"

STEP 2 State **requests** Medicare enrollment data for Medicaid enrollees using beneficiary identifiers (MBI, SSN, DOB, Name etc...).

Request for Joe Smith, DOB: 5/2/1955

Response for Joe Smith DOB 5/2/1955: Contract Number H1112 Plan ID 2 (Coordi-Care)

MMA, BEQ, or TBQ file transfer

CMS sends back response file with Medicare enrollment data.

STEP 3 State **matches** Medicare and Medicaid enrollment data.

	Medicare	Medicaid
Name	Joe Smith	Joe Smith
DOB	5/2/1955	5/2/1955
Enrollment	H1112, Plan 2 (Coordi-Care)	Coordi-Care MCO

STEP 4 State **creates** report to identify individuals whose Medicaid managed care plan enrollment is aligned with their D-SNP enrollment, and whose enrollment is unaligned.

Joe Smith enrolled in Coordi-Care's D-SNP and Coordi-Care's MCO = ALIGNED ✓

State stores and tracks aligned and unaligned enrollment information.

Table 1. Comparison of CMS Data Exchange Processes That States Can Use to Identify Medicare Plan Enrollment

	MMA File Exchange[5]	Batch Eligibility Query (BEQ)	Territory Beneficiary Query (TBQ)[6]
Description	MMA files are exchanged at least monthly between CMS and states to identify current and prospective dually eligible individuals. CMS responds to each MMA Request file with an MMA Response file, which includes Medicare enrollment information (including D-SNP enrollment).	Batch Eligibility Queries (BEQ) are ad hoc state requests for potential Medicare A and/or B eligibility and enrollment information for beneficiaries who may be dually eligible. States can send BEQ requests at any time, and each request triggers a response from CMS that provides information about Medicare Part A and/or B eligibility and enrollment (including D-SNP enrollment).	Territory Beneficiary Queries (TBQ) are ad hoc state requests to verify Medicare A and/or B eligibility and C/D plan enrollment. States can send TBQ requests at any time, and each request triggers a response from CMS that provides information about Medicare Part A and/or B eligibility and contains Medicare plan enrollment information (including D-SNP enrollment).
Data Exchange Frequency	Required – states **must submit request files at least monthly** but may submit as frequently as daily. *Daily submission will be required in 2022.*[7]	Elective – states may submit a request on **ad hoc** basis.	Elective – states may submit a request on **ad hoc** basis.
Beneficiary Identifiers	Beneficiary Identifier: (Health Insurance Claim Number {HICN}, Railroad Retirement Board {RRB} number, or Medicare Beneficiary Identifier {MBI}), Individual Social Security Number (SSN), Date of Birth, First Name, Last Name	Medicare Beneficiary Identifier (MBI), First Name, Last Name Date of Birth	Individual SSN, First Name, Last Name, Date of Birth
Key Medicare Enrollment Data Fields (Including D-SNPs)	**Contract Number** • Beneficiary Managed Care Organization (MCO) Number • Beneficiary MCO Enrollment Start Date • Beneficiary MCO Enrollment End Date **Plan ID** • Plan Benefit Package (PBP) Number • PBP Enrollment Start Date • PBP Enrollment End Date • PBP Coverage Type Code	**Contract Number** • Part C/D Contract Number • Part C/D Enrollment Start Date **Plan ID** • PBP Number	**Contract Number** • Beneficiary MCO Contract Number • Beneficiary MCO Enrollment Start Date • Beneficiary MCO Enrollment End Date **Plan ID** • PBP Number • PBP Start Date • PBP End Date • PBP Coverage Type Code
Finding Medicare Enrollment Type	• **Beneficiary is enrolled in a D-SNP** if the MCO Number (contract number) and PBP Number (plan ID) matches a D-SNP contract and plan ID in the state. • **Beneficiary is enrolled in a non-D-SNP Medicare Advantage plan** if the MCO Number and PBP Number do not match a D-SNP contract and Plan ID in the state, but the MCO Number and PBP Number fields are populated. • **Beneficiary is enrolled in FFS Medicare** if the PBP Coverage Type Code = "09". *Use the MCO Enrollment start and end date fields to identify the enrollment timeframe.*	• **Beneficiary is enrolled in a D-SNP** if the Part C/D Contract Number and PBP Number (plan ID) matches a D-SNP contract and plan ID in the state. • **Beneficiary is enrolled in a non-D-SNP Medicare Advantage plan** if the Part C/D Contract Number and PBP Number do not match a D-SNP contract and plan ID in the state, but the Part C/D Contract Number field is populated. • **Beneficiary is enrolled in FFS Medicare** if the Part C or Part C/D Contract Number is blank/missing. *Use the Part C/D Enrollment start date field to determine when enrollment in that plan began.*	• **Beneficiary is enrolled in a D-SNP** if the MCO Number (contract number) and PBP Number (plan ID) matches a D-SNP contract and plan ID in the state. • **Beneficiary is enrolled in a non-D-SNP Medicare Advantage plan** if the MCO Number and PBP Number do not match a D-SNP contract and Plan ID in the state, but the MCO Number and PBP Number fields are populated. • **Beneficiary is enrolled in FF Medicare** if the PBP Coverage Type Code = "09". *Use the MCO Enrollment start and end date fields to identify the enrollment timeframe.*

The State Data Resource Center is available to help states with the CMS files in Table 1. Please contact SDRC@econometricainc.com for assistance.

How to Collect Aligned Enrollment Data Directly From D-SNPs

States can also ask D-SNPs to send information about aligned enrollment of full-benefit dually eligible (FBDE) individuals using their own D-SNP and Medicaid managed care enrollment data as the source for that information. Even states that collect aligned enrollment data using CMS sources may wish to collect aligned enrollment data directly from D-SNPs as well, to verify that the D-SNPs maintain accurate records of aligned and unaligned members. Maintaining updated records of aligned enrollees is a key step in coordinating care between the D-SNP and its affiliated Medicaid plan. States can request that D-SNPs send them:

- The number of FBDE enrollees who are receiving both Medicare and Medicaid coverage through the D-SNP's parent company, and/or
- Files that show which D-SNP enrollees are enrolled in the parent company's Medicaid managed care plan.

However, states should keep in mind that D-SNPs will not be able to provide Medicaid plan enrollment data for unaligned FBDE enrollees, as the D-SNP will not have access to that information. Unless the state shares Medicaid plan enrollment with D-SNPs,[8] the D-SNP will only know which enrollees are enrolled in their affiliated Medicaid managed care plan.

To support D-SNPs in providing accurate aggregate data on aligned enrollment within their plans, states can prepare a data request form that will make the process easier for D-SNPs to navigate. See **Appendix B** for information about how to create a data request form that D-SNPs can use to report the total number of aligned enrollees in their plan at a specified point in time.

States should request aligned enrollment data, either at an aggregate level or at a beneficiary level, on a regular basis (e.g., quarterly, annually, etc.). When D-SNPs expect to provide this data at particular intervals, they can prepare the files in advance and with consistency. The state can then store and use the data to analyze trends in aligned enrollment over time and validate the data received from D-SNPs on an ongoing basis by comparing D-SNP data submissions to past data submissions to detect inconsistencies and potential errors.

Need Help?

States can use the following resources for more information about identifying Medicare plan enrollment for dually eligible individuals:

- **Medicare Advantage and Prescription Drug State User Guide:** https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/MAPD-State-User-Guide-Version-80.pdf

- **State Data Resource Center (SDRC) Information on MMA File Exchange:** https://statedataresourcecenter.com/pages/mma-information/

- **SDRC Understanding CMS Data: An Overview of EDB, MMA, and TBQ Files:** https://statedataresourcecenter.com/assets/files/Task12_Overview_Edited_SDRC_MMCO_Final508.pdf

- **SDRC MMA File Q&A:** https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/Downloads/MMAFileDualsQandA.pdf

- **Using Medicare Modernization Act (MMA) Files to Identify Dually Eligible Beneficiaries:** https://www.integratedcareresourcecenter.com/resource/using-medicare-modernization-act-mma-files-identify-dually-eligible-beneficiaries

- **How States Can Monitor Dual Eligible Special Needs Plan Performance: A Guide to Using CMS Data Resources** (Appendix A has tips for using CMS data in Microsoft Excel): https://www.integratedcareresourcecenter.com/sites/default/files/ICRC_How_States_Can_Monitor_DSNP_Performance_1.26.18.pdf

Appendix A: Identifying D-SNP Contract and Plan ID Numbers

States can use data in CMS' Special Needs Plan (SNP) Comprehensive Reports, released on a monthly basis, to identify the contract and plan ID numbers for D-SNPs operating within a particular state. The SNP Comprehensive Report is a publicly available Excel file that provides state-level enrollment data for every Special Needs Plan (including D-SNPs) in the United States. To use the SNP Comprehensive Report to identify contract and plan ID numbers for the D-SNPs operating in your state:

1. Download the Excel report file for the most recent month of data available (or the month your state desires) at https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data

2. Filter the Excel file to select "Dual-Eligible" in the "Special Needs Type" field.

3. Filter the Excel file to select your state in the "State" field.

You will now have a list of all the D-SNPs operating in your state during the month selected. The Contract Number associated with each D-SNP will be in the first column, and the plan ID number will be in the fourth column.

See **Figure 4** for an example of the SNP Comprehensive Report. The highlighted fields are the Contract Number and Plan ID.[9] (Note that the "Plan Geographic Name" column usually provides some information on the geographic areas in the state in which the D-SNPs operate. **Appendix B** describes how to obtain more detailed information on the geographic areas in which D-SNPs operate.)

Figure 4. SNP Comprehensive Report Example: Alabama D-SNPs, March 2020

Special Needs Plan Comprehensive Report

NOTES:
Data is as of Mar. 2020
The data source for this report is the CMS Health Plan Management System.
Records with enrollment between 1 and 10 (inclusive) are set to blank in order to comply with privacy law requirements.
A record with fictitious contract number "Under-11" has been added for each SNP type, aggregating all records of that type with 1-10 enrollment.
Employer-only group plans are omitted from this report.

Aggregate Information					Under - 11		
SNP Type	Number of Contracts	Number of Plans	Sub Total Enrollment		SNP Type	Enrollment	Number of Plans
Chronic or Disabling Condition	71	171	375,384		Chronic or Disabling Condition	45	14
Dual-Eligible	236	551	2,898,501		Dual-Eligible	66	26
Institutional	72	150	101,453		Institutional	40	40
Totals	379	872	3,375,338		Under - 11 Totals	151	80

Contract Num	Contract Name	Organization Type	Plan ID	Segment	Plan Name	Plan T	Plan Geographic Name	State	Plan Enrollr	Special Needs Plan Type	Specialty Diseases
H0154	VIVA HEALTH, INC.	Local CCP	12	0	VIVA Medicare Extra Value (HMO D-SNP)	HMO	Northwest, Central, and South Alabama	AL	18,635	Dual-Eligible	
H0432	UNITEDHEALTHCARE OF ALABAMA, INC.	Local CCP	9	0	UnitedHealthcare Dual Complete Plan 1 (HMO D-SNP)	HMO	Select Counties in Alabama	AL	21,759	Dual-Eligible	
H2802	UNITEDHEALTHCARE OF THE MIDLANDS, INC.	Local CCP	44	0	UnitedHealthcare Dual Complete Plan 2 (HMO D-SNP)	HMO	Select Counties in Alabama	AL	10,449	Dual-Eligible	
H3239	AETNA BETTER HEALTH, INC. (LA)	Local CCP	2	0	Aetna Medicare Dual Preferred Plan (HMO D-SNP)	HMO	Select Birmingham and Northern AL counties	AL	71	Dual-Eligible	
H3239	AETNA BETTER HEALTH, INC. (LA)	Local CCP	3	0	Aetna Medicare Dual Preferred Plan (HMO D-	HMO	Mobile County, AL	AL	32	Dual-Eligible	

Special Needs Plan Report ⊕

Appendix B: Requesting Aligned Enrollment Data from D-SNPs

As noted above, states can request aligned enrollment data for FBDEs from D-SNPs. The following two steps provide guidance on how to identify *potentially aligned* enrollees, and how to create a data request template.

Step 1: Identify "Potentially Aligned" Enrollees in Each Health Plan.

- Identify D-SNPs operating in your state using the SNP Comprehensive Report to find the contract and plan ID number for each D-SNP operating in your state. (See **Appendix A** for instructions.)

- Identify the D-SNP parent companies that also offer Medicaid managed care plans in the same geographic areas (counties) as their D-SNPs.

- Extract county-level D-SNP enrollment data for the D-SNPs operating in your state using the CMS Monthly Enrollment by Contract/Plan/State/County Report. Like the SNP Comprehensive Report, the CMS Monthly Enrollment by Contract/Plan/State/County Report is released publicly on a monthly basis.[10] You will need to use the D-SNP contract and plan IDs collected from the SNP Comprehensive Report to identify D-SNPs within the Monthly Enrollment by Contract/Plan/State/County report and isolate each D-SNP's enrollment by county.

> **Potentially aligned enrollment** is the number of enrollees who could be enrolled in both the parent company's D-SNP and Medicaid managed care plan in the same geographic area/county(ies). The number of potentially aligned enrollees is the lessor of the two enrollment numbers in each county (the D-SNP total enrollment or the Medicaid managed care plan total enrollment, whichever is smaller).

- Create a table that shows D-SNP enrollment by county and ask the D-SNP to fill in how many of those enrollees are also in the parent company's Medicaid managed care plan in that county. Provide the company's total Medicaid plan enrollment in that county, as well, if possible, to help the D-SNP see the total number of enrollees in its D-SNP and Medicaid managed care plan that may be potentially aligned. See **Figure 5** for an example of a data table for a hypothetical D-SNP named "COORDI-CARE".

Step 2. Request the Number of Aligned Enrollees from Each D-SNP.

Once you have created a table that identifies the number of potentially aligned enrollees in each county for each plan, send the table to each D-SNP in your state and request that it fill in the actual number of aligned FBDE enrollees. D-SNPs (or their parent companies) should be able to use their records to identify the number of enrollees that are receiving both their Medicare and Medicaid benefits from their parent company.

Data lags: If a health plan can only report aligned enrollment data for a particular month (e.g., the D-SNP may have a data lag of 2-3 months), it may be helpful to pull the CMS D-SNP enrollment data for the month for which the D-SNP can provide aligned enrollment information. (Please note that D-SNP enrollment data in the SNP Comprehensive Report and the Monthly Enrollment by Contract/Plan/State/County Report are also lagged by about a month. See the report files for details on enrollment data cut-off dates.)

Figure 5. Example Aligned Enrollment Data Request Table

COORDI-CARE D-SNPs, February 2020						COORDI-CARE Medicaid Managed Care Plans, February 2020					
County	Plan ID	Contract Number	Plan Name	Parent Company	Total D-SNP Enrollment	County	Plan Name	Parent Company	Total Medicaid Enrollment	Potentially Aligned FBDE Enrollment	Aligned Enrollment (TO BE FILLED IN BY THE D-SNP)
County 1	1	H0001	HealthyCare Dual Advantage	COORDI-CARE	3,000	County 1	StateSelect	COORDI-CARE	5,000	**3,500**	
	2	H0002	HealthyCare Dual Advantage	COORDI-CARE	500						
County 2	10	H0003	HealthyCare Dual Advantage	COORDI-CARE	1,000	County 2	StateSelect	COORDI-CARE	500	**500**	
	11	H0004	HealthyCare Dual Advantage	COORDI-CARE	2,000						
County 3	4	H0005	HealthyCare Dual Advantage	COORDI-CARE	300	County 3	StateSelect	COORDI-CARE	600	**300**	

ICRC is available to help states create these data request forms for D-SNPs. Please contact ICRC@chcs.org to request assistance.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the *Integrated Care Resource Center* are coordinated by **Mathematica** and the **Center for Health Care Strategies**. For more information, visit **www.integratedcareresourcecenter.com**.

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[1] Kruse. "Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Promoting Aligned Enrollment." Integrated Care Resource Center, April 2018. Available at: https://www.integratedcareresourcecenter.com/sites/default/files/ICRC_DSNP_Aligning_Enrollment.pdf.

[2] Medicare-Medicaid Coordination Office Fiscal Year 2019 Report to Congress. Available at: https://www.cms.gov/files/document/mmco-report-congress.pdf. "Fully Integrated Programs" include Medicare-Medicaid Plan, Fully Integrated Dual Eligible (FIDE) SNP, and PACE enrollment as of July 2019. This category also includes the "Legacy Medi-Medi Demo Programs" FIDE SNPs, which were categorized separately in previous reports. "Total Cost of Care Managed FFS" includes enrollment in the Washington Managed Fee-For-Service demonstration under the Medicare-Medicaid Financial Alignment Initiative. "Integrated SNP Program" includes aligned enrollment in programs in which a dually eligible individual receives both Medicare and Medicaid services from affiliated Medicare D-SNPs and Medicaid managed care plans; several state programs were reclassified from "Partially Integrated SNP Program" to "Integrated SNP Program" to align with the integration standards for D-SNPs finalized in the 2020 Medicare Advantage and Part D final rule. Therefore, no state data were available in July 2019 for "Partially Integrated SNP Program" enrollment. "Partially Integrated Care with Financial Alignment" refers to the North Carolina Medicare Health Care Quality Demonstration, for which no 2019 information is included because the initiative

had ended. The 2019 analysis newly includes data from existing integrated care options in Oregon, select D-SNPs in California, and FIDE-SNPs and certain types of D-SNPs in Florida.

[3] For more information about default enrollment into D-SNPs, see: R. Stringer and A. Kruse. "Using Default Enrollment to Align Coverage for Dually Eligible Medicare-Medicaid Beneficiaries." Integrated Care Resource Center, July 2019. Available at: https://www.integratedcareresourcecenter.com/resource/using-default-enrollment-align-coverage-dually-eligible-medicare-medicaid-beneficiaries

[4] For more information on promoting care coordination for unaligned enrollees, see: A. Kruse, N. Archibald, and R. Lester. "Promoting Information Sharing by Dual Eligible Special Needs Plans to Improve Care Transitions: State Options and Considerations." Integrated Care Resource Center, August 2019. Available at: https://www.integratedcareresourcecenter.com/sites/default/files/ICRC_InfoSharing_HospitalSNF%20082819.pdf.

[5] The MMA file name comes from the Medicare Prescription Drug Improvement and Modernization Act of 2003. MMA files are also sometimes referred to as "state phase-down" files. For more information on how to use MMA files to identify dually eligible individuals, see the ICRC tip sheet "Using Medicare Modernization Act (MMA) Files to Identify Dually Eligible Beneficiaries." Available at: https://www.integratedcareresourcecenter.com/resource/using-medicare-modernization-act-mma-files-identify-dually-eligible-beneficiaries

[6] Note there is a size limit for the TBQ file.

[7] Beginning in 2022, states will be required to submit MMA files daily. For more information on this requirement, see: https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index. For more details on the benefits of exchanging MMA files more often than monthly, see the MMA Q&A document available at: https://statedataresourcecenter.com/assets/files/MMA_QA.pdf.

[8] For more information on sharing Medicaid enrollment and service use information with D-SNPs, see: E. Weir Lakhmani and J. Verdier. "State Options and Considerations for Sharing Medicaid Enrollment and Service Use Information with D-SNPs." Integrated Care Resource Center, December 2019. Available at: https://www.integratedcareresourcecenter.com/resource/state-options-and-considerations-sharing-medicaid-enrollment-and-service-use-information-d

[9] For more detailed information on how to use the SNP Comprehensive Report and other publicly available CMS files, see: D. Chelminsky. "How States Can Better Understand their Dually Eligible Beneficiaries: A Guide to Using CMS Data Resources." Integrated Care Resource Center, November 2018. Available at: https://www.integratedcareresourcecenter.com/sites/default/files/CMS_Data_Resources_Nov_2018.pdf.

[10] The CMS Monthly Enrollment by Contract/Plan/State/County Report is available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Monthly-Enrollment-by-Contract-Plan-State-County.