

Medicare–Medicaid Integration Alliance: 2025 Policy Principles in Practice

The Medicare–Medicaid Integration Alliance (MMIA) is dedicated to ensuring that people who are dually eligible have access to a meaningfully integrated and easily navigable system of care, regardless of where they live. Care should be person-centered, improve health outcomes, and focus on eliminating system redundancy and cost-shifting. This document outlines several programmatic outcomes that reflect MMIA’s existing [policy principles](#) and exemplify MMIA’s vision for a more efficient system of care.

Every Person Who Is Dually Eligible Should Have Access to Meaningfully Integrated Coverage

It is critical that dually eligible individuals have access to meaningfully integrated coverage, which ensures that Medicare and Medicaid feel like one program to enrollees. It should also allow for coverage of all services under one program.

- Integrated care models make Medicare and Medicaid feel like one program for individuals enrolled and the providers that serve them. They should coordinate the full range of Medicare and Medicaid benefits for which a person is eligible.
- Individuals should have access to high-quality, person-centered care coordination and supports that facilitate ongoing care reflective of their evolving needs to ensure continuity, including during times when care needs change (e.g., during care transitions). Such models should utilize policy levers to minimize care disruptions, such as D-SNP deeming periods or continuous eligibility policies.
- Dually eligible enrollees can access their Medicare and Medicaid benefits without delay and are protected from improper billing.
- The design and implementation of integrated care models reflects input from stakeholders, including dually eligible individuals.
- States are provided with support to design and implement integrated care models. The federal government also provides flexibility around Medicare’s administrative rules (e.g., bid submission and different enrollment timelines across programs) to achieve integration so long as the benefits dually eligible individuals are entitled to are accessible.

People Who Are Dually Eligible Should Be Provided with Resources to Ensure Informed Decision–Making and Enrollment into Coverage Are Easy

Dually eligible individuals should have access to assistance in understanding their coverage options. This includes clear, accessible resources and access to a neutral third party to support informed decision-making. Individuals should be permitted to remain enrolled in an integrated coverage option for a period of 12 months without the need for repeated eligibility reassessments. Additionally, stronger safeguards are needed to prevent misleading marketing practices that confuse beneficiaries rather than support their choices.

- There should be easily navigable resources available online, in-person, or over the phone and neutral, trusted third parties that build on community supports (e.g., SHIP counselors, navigators, and established community-based organizations or local agencies that support individuals with disabilities and older adults) that can assist dually eligible individuals and the people providing them with support so that they can make informed enrollment decisions.
- Enrollment resources emphasize the differences between integrated options and non-integrated options to clarify the potential value of selecting an integrated model, as well as the tradeoffs of potential utilization management and limited networks. These resources should also make clear which benefits arise from Medicaid—including Medicare Savings Programs—and which from Medicare to ensure dually eligible individuals understand their coverage and how the programs interact.

- It is easy for dually eligible enrollees to maintain their coverage if they remain eligible, and Medicaid eligibility checks should be limited to every 12 months unless there is a change in circumstance. There are protections and adequate oversight in place that prevent predatory and confusing marketing tactics.
- Enrollees have access to independent support separate from plans, such as ombudsman programs, to navigate challenges associated with their care.

Integrated Coverage Must Meet People's Needs and Support Their Goals

Integrated coverage options should be accountable for delivering outcomes that matter to enrollees and should have the flexibility to offer services that improve those outcomes, including addressing social needs. They must also take meaningful action to reduce disparities affecting underserved populations of dually eligible individuals and those with complex needs. Additionally, integrated coverage should prioritize keeping individuals connected to their communities, in alignment with their preferences.

- Individuals enrolled in an integrated care model receive a care plan that is developed with them and includes goals that are meaningful to them, including community living as it aligns with their priorities. The care plan should span the full range of services and supports for which they are eligible. Care should be actively coordinated across services.
- People have access to a sufficient network of providers and other supports that meet their unique needs and allow for the execution of their care plan.
- Subpopulations of dually eligible individuals that experience disproportionately poor health outcomes, including those with chronic conditions, are provided with targeted interventions that address their needs.
- Dually eligible enrollees experience improved health outcomes and report greater quality of life.
- Available benefits and supports, provider networks, and financial and performance outcomes are publicly available.
- Integrated care models are evaluated on their outcomes and financial performance against established benchmarks to inform opportunities for improved program efficiencies.