Medicare Advantage Dual Eligible Special Needs Plans FAQ

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What is a Medicare Advantage Dual Eligible Special Needs Plans (D-SNP)?

Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) are Medicare Advantage plans that are specifically tailored to duals (those with Medicare and Medicaid).

Why is Illinois suddenly introducing D-SNPs?

Illinois' current option for duals to receive integrated care is the Medicare Medicaid Alignment Initiative (MMAI), which was part of a pilot demonstration project that the Center for Medicare and Medicaid Services (CMS) decided to end on December 31, 2025. Due to Illinois ending the MMAI program later this year, they must replace the MMAI program with D-SNPs.

When will D-SNPs become available in Illinois?

D-SNPs will begin offering coverage to Illinois duals January 1, 2026.

How do D-SNPs compare to MMAI?

While D-SNPs can offer different levels of Medicare and Medicaid integration, Illinois has decided to only offer Fully Integrated Special Needs Plans (FIDE-SNP). This type of D-SNP covers all Medicare and Medicaid services through one plan. It is the closest to MMAI. There will be fully integrated enrollee materials, one provider network for all Medicare and Medicaid services, single ID cards, and a unified appeal process. Additionally, D-SNPs are voluntary like MMAI plans, and individuals will have the option to disenroll from D-SNP plans at any time.

Will D-SNPs operate statewide?

D-SNPs will be operating statewide granted that the plans meet CMS network adequacy standards for all counties in Illinois.

Who is eligible for D-SNPs?

Individuals eligible for D-SNP plans are those:

- Enrolled in full AABD Medicaid benefits (no Spenddown) or FamilyCare
- Age 21 or older
- Entitled to or enrolled in Medicare Part A
- Enrolled in Medicare Part b
- Eligible to enroll in Medicare Part D
- Live in the plan's service area

Who is not eligible to be in a D-SNP plan?

Individuals cannot enroll in a D-SNP plan if they are

- Under 21 years old
- Have Medicaid through Spenddown
- Receiving Developmental Disability institutional services or Home and Community Based waiver for Adults with Developmental Disabilities services.
- Enrolled in the Illinois Medicaid Breast and Cervical Cancer program
- Enrolled in only a partial benefit such as Medicare Savings Program or Family Planning Program
- Have comprehensive third-party insurance

What happens to D-SNP coverage if the individual loses Medicaid?

If an individual loses Medicaid because they did not respond to the redetermination notice or are no longer eligible for Medicaid benefits, they are able to remain in their D-SNP plan for a minimum of 90 days. This is referred to as a deeming period. If they are not reinstated in Medicaid within 90 days their D-SNP coverage will end.

When can an individual enroll into a D-SNP?

Individuals can enroll in a D-SNP plan during the following enrollment periods:

Medicare Initial Enrollment Period: a 7-month enrollment period when the individual is first eligible for Medicare. It begins 3 months before the month of Medicare eligibility, the month of Medicare eligibility, and ends 3 months after the month of Medicare eligibility. D-

SNP coverage is effective the month of Medicare eligibility or the month after enrollment request, depending on whether the request was before or after becoming eligible for Medicare.

The Medicare Annual Open Enrollment Period: Every year October 15- December 7. Individuals can enroll or switch their D-SNP plan, Medicare Advantage plan, or their Medicare Part D plan. Coverage is effective January 1 of the following year.

The Medicare Advantage Open Enrollment Period: Every year January 1- March 31. This enrollment period is for individuals who are already enrolled in a Medicare Advantage plan or D-SNP. These individuals can switch their D-SNP plan, enroll in a non-integrated Medicare Advantage plan, or return to Original Medicare with a standalone Part D plan. Coverage is effective the month after enrollment request.

The Integrated Care Special Enrollment Period: A monthly special enrollment period that allows dually eligible individuals to enroll in a D-SNP or switch D-SNPs at any time. Coverage is effective the month after enrollment request.

How to enroll into a D-SNP plan?

Individuals can search, compare, and enroll into D-SNPs plans via Medicare.gov PlanFinder. D-SNP plans will be listed on Medicare.gov PlanFinder in October. Additionally, individuals can enroll into D-SNPs by calling the plans or visiting the plan's website. Individuals can also call 1-800-Medicare to enroll into a D-SNP plan.

Is enrollment into a D-SNP plan voluntary?

Yes, enrollment into a D-SNP plan is voluntary like MMAI.

Will D-SNP plans be able to market to dually eligible individuals?

Yes, D-SNP plans are able to market to dually eligible individuals. Marketing for D-SNPs cannot start until October 1, 2025.

How can individuals disenroll from D-SNP plans?

If an individual wants to disenroll from a D-SNP and return to Original Medicare and Fee For Service Medicaid, they can use the **monthly Dual/LIS Special Enrollment Period** at any

time of the year. This enrollment period can be used to enroll into standalone Part D plans only.

If an individual wants to disenroll from a D-SNP plan and enroll in a non-integrated Medicare Advantage plan, they will have to wait for the Medicare Annual Open Enrollment Period (October 15- December 7) or the Medicare Advantage Open Enrollment Period (January 1 – March 31)

What happens to individuals disenrolling from D-SNPs and receiving Long Term Services and Supports?

Individuals who are receiving Long Term Services and Supports (LTSS) must be enrolled in a managed care plan that provides those services, either a D-SNP plan or a HealthChoice Managed Long Term Services and Supports (MLTSS) plan. If they choose to disenroll from their D-SNP plan, they will return to Original Medicare or a non-integrated Medicare Advantage plan and Fee for Service Medicaid. For their LTSS coverage, the Illinois Department of Health and Family Services will assign them a HealthChoice MLTSS plan and send them an enrollment packet. Individuals will have the option to enroll in a different MLTSS plan or be enrolled in the one assigned to them.

What will happen to individuals currently in MMAI?

As of July 2025, 4 out of the 5 managed care organizations that currently offer MMAI plans were awarded D-SNP contracts: Aetna, Humana, Meridian, and Molina. If an individual is in one of these MMAI plans, CMS will transition them to the D-SNP plan that their MMAI plan operates. Individuals will receive an Annual Notice of Change (ANOC) around September 30, 2025, explaining the transition. Individuals will have the option to choose a different D-SNP plan or opt out of D-SNPs entirely.

If individuals are in the Blue Cross Blue Shield MMAI plan, they will receive a notice of non-renewal around September 30, 2025, that states their MMAI plan is ending. Individuals can choose to enroll in a D-SNP plan or non-integrated Medicare Advantage plan during the Medicare Annual Open Enrollment Period (October 15th- December 7th). If no choice is made, these individuals will be transferred by CMS into Original Medicare with a standalone Part D plan starting January 1, 2026.

What enrollment periods can individuals in a BCBS MMAI plan use to enroll into D-SNPs

Individuals who are BCBS MMAI plan and would like to continue having integrated care can use the following enrollment periods during certain times: From October 15 to December 7: The Medicare Annual Enrollment Period

From December 8 to December 31: The Integrated Care Special Enrollment Period

Individuals using one of the above enrollment periods to enroll in a D-SNP will have their D-SNP coverage beginning January 1, 2026.

What benefits will D-SNPs cover?

Illinois D-SNPs will cover all Medicare and Medicaid benefits, including long term services and supports, behavioral health, transportation, and home health. D-SNP plans have an integrated formulary that lists drugs covered by Medicare and Medicaid. For a drug to be covered, it must be on the D-SNP's formulary (list of covered drugs). Some benefits may require prior authorization or referrals.

D-SNPs will offer care coordination like MMAI. Every D-SNP enrollee will be assigned a care coordinator.

Do D-SNPs cover Long Term Care?

Yes, D-SNPs will cover long-term care including nursing home facilities and all services under the following Home and Community Based Waiver Services:

- Persons who are Elderly (Community Care Program)
- Persons with Disabilities
- Persons with HIV/AIDs
- Persons with Brain Injury
- Supportive Living Program

What does a care coordinator do?

Care coordinators can assist D-SNP enrollees with assessment of risks and needs, medication management, health education, coordinating services with community and socials services providers, discharge planning, and assisting with grievances and appeals.

What do D-SNPs not cover?

D-SNP plans do not cover experimental services, services provided by an out of network provider, services provided without referral and prior authorization, and cosmetic services.

Do D-SNPs have provider networks?

Yes, D-SNPs do have provider networks that enrollees have to use to receive coverage for the service.

Do D-SNPs have continuity of care like MMAI?

Yes, D-SNPs will have a 90-day continuity of care period for enrollees new to a D-SNP plan. This period allows enrollees to see out of network providers if they are receiving active treatment. The D-SNP plan will cover services provided by the out-network provider.

What costs do D-SNPs have?

Enrollees will have costs for their prescription drugs. All D-SNP enrollees qualify for Extra Help, a program that assists Medicare enrollees with prescription drugs. D-SNP enrollees drug costs may be up to $5.90 for generic drugs and $12.15 for brand name drugs. If they are receiving long term care or services through a HCBS waiver, drugs costs will be $0.

Can enrollees file a grievance?

Yes, D-SNP enrollees can file grievances with D-SNPs. Individuals can file a complaint with the plan or health provider. Additionally, they can file a complaint by calling 1-800-Medicare

Is there an appeals process for D-SNPs?

Enrollees have the right to appeal in any decisions where services are being denied, reduced, terminated, or suspended. Illinois D-SNPs will have a unified process for Medicare and Medicaid services.