



Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs)

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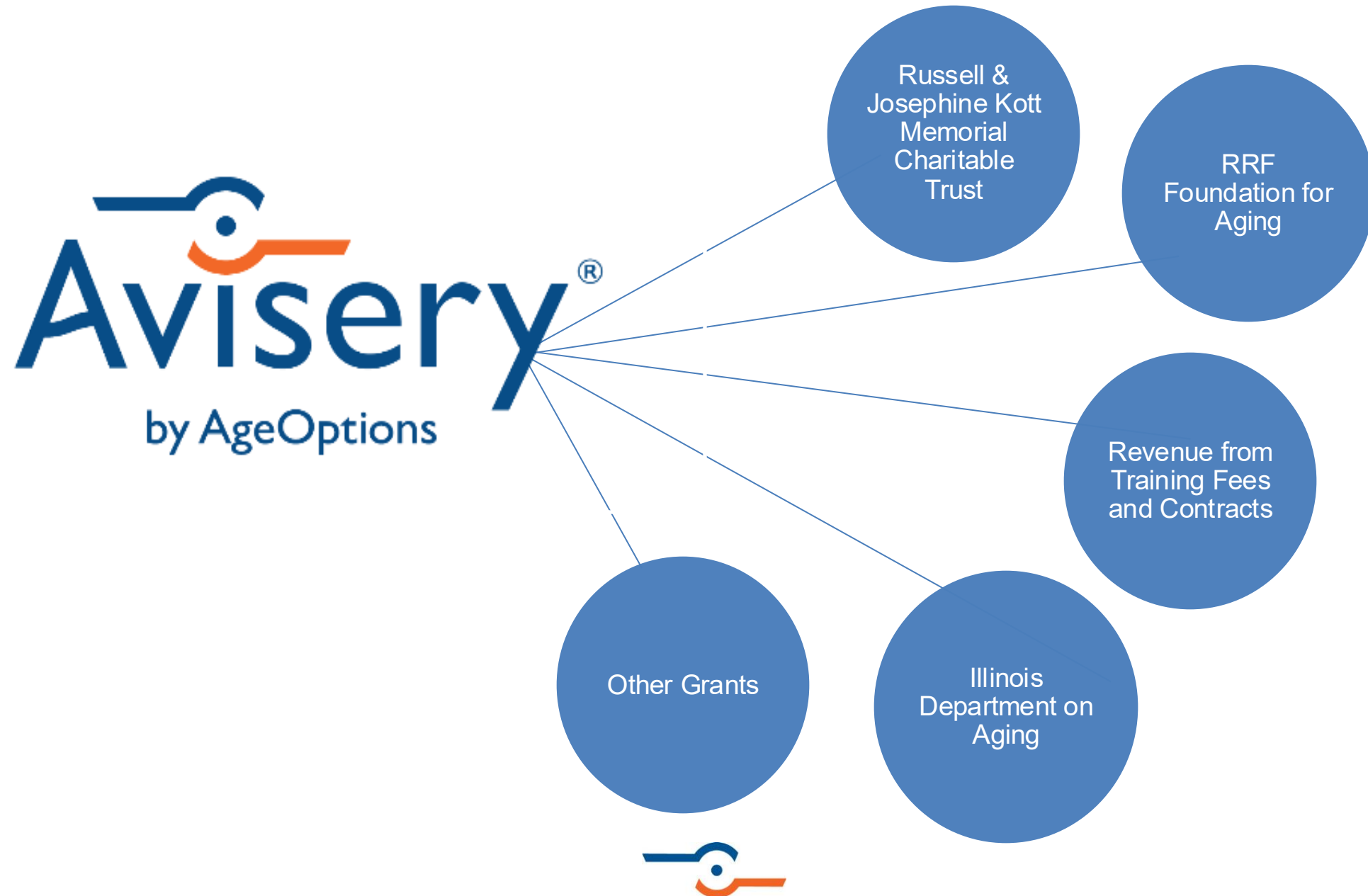
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2025 Sources of Revenue



What We'll Cover Today

What is a D-SNP?

D-SNP Eligibility

D-SNP Enrollment

D-SNP Benefits



Background



- The Center for Medicare and Medicaid Services (CMS) is ending the Financial Alignment Initiative (FAI) demonstration project by December 31st, 2025
 - Illinois' FAI demonstration is the Medicare-Medicaid Alignment Initiative (MMAI)
- Illinois to replace MMAI plans with Medicare Advantage Dual Eligible Special Needs plans (D-SNPs) beginning January 1st, 2026



What is a Medicare Advantage Dual Eligible Special Need Plan (D-SNP)?



Special Needs Plans

- A Medicare Advantage plan tailored to specific populations

Special Needs Plan	Population	Offered in Illinois?
Chronic Illness Special Needs Plan (C-SNP)	Individuals with specific chronic conditions (Ex: diabetes, dementia, heart failure)	Yes
Institutional Special Needs Plans (I-SNP)	Individuals expected spend more than 90 days in an institution who cannot travel for care	Yes
Dual Eligible Special Needs Plans (D-SNP)	Individuals enrolled in Medicare and Medicaid.	Coming in January 2026!



What is a D-SNP?

- Medicare Advantage plans designed specifically for dually eligible individuals (those with Medicare and Medicaid)
 - States can pick from multiple models of D-SNPs which vary by how integrated they are.
 - All D-SNPs cover all Medicare services and must at least coordinate Medicaid benefits
- Must have a contract with the state and with CMS
 - Plan required to submit a Model of Care



Difference Between D-SNPs and Medicare Advantage Plans

Requirement	D-SNPs	Medicare Advantage Plans
Must hold a contract with Medicare	Yes	Yes
Cover Medicare benefits	Yes	Yes
Offer supplemental benefits (dental, vision, hearing, transportation)	Yes	Yes
Must hold a contract with the state Medicaid agency, with certain minimum requirements	Yes	No
Tailor benefits specifically for the needs of dually eligible individuals	Yes	No
Coordinate and/or integrate delivery of Medicare and Medicaid benefits (and state can impose additional requirements)	Yes	No



Difference Between D-SNPs and Medicare Advantage Plans

Requirement	D-SNPs	Medicare Advantage
May cover Medicaid benefits	Yes	No
Have a Model of Care to describe how the plan will meet the needs of dually eligible individuals	Yes	No
Must establish and maintain at least one enrollee advisory committee in each state where the plan operates	Yes	No
Must collect information about enrollees' transportation, housing, and food security needs during health risk assessments	Yes	No



Degrees of Integration



Fully Integrated (FIDE-SNP)

Plan covers all Medicaid services. **All care is managed and offered through the same legal entity**, including behavioral health and LTSS. Capitated Payment covers all services

Highly Integrated (HIDE-SNP)

Plan covers most Medicaid services, but some services may be carved out and delivered through a parent company or fee for service. Capitated payments are not required

Coordination Only D-SNP (CO D-SNP)

Plan must hold a contract coordinating service delivery and must notify the state when someone is hospitalized. No other coordination between the state and the plan is necessary

- The more ‘integrated’ the D-SNP model, the more oversight the state can place over the D-SNP plan’s contract.
- All D-SNPs in Illinois will be FIDE SNPs



FIDE SNPs

- FIDE SNPs must be Exclusively Aligned
 - Operated by the same company, with fully integrated enrollee materials, single ID card, and unified appeal process.
- FIDE SNPs are the closest to MMAI
 - One plan covers all Medicare and Medicaid benefits, including long term care services and care coordination.
- IL FIDE SNPs will be operating statewide
 - One provider network per plan



D-SNP Eligibility



D-SNP Eligibility



- To be eligible for a D-SNP plan individuals must be:
 - Enrolled in full AABD Medicaid benefits (no Spenddown) or FamilyCare
 - Have Medicare Part A and Part B
 - Eligible to enroll in Medicare Part D
 - Age 21+ at the time of enrollment
 - Live in the plan's service area



Excluded Populations



- Individual cannot enroll in IL D-SNPs if they are
 - Under 21 years old
 - Have Medicaid through Spenddown
 - Receiving developmental disability institutional services or HCBS waiver for Adults with Developmental Disabilities
 - Enrolled in the Illinois Medicaid Breast and Cervical Cancer program
 - Enrolled in a partial benefit program (ie Medicare Savings Program, Family Planning Program)
 - Have comprehensive third-party insurance



Deeming Period

- CMS requires D-SNPs to have **Deeming Period**
 - Allows the individual to stay in their D-SNP plan for a certain amount of time if they lose their Medicaid benefits.
 - Will have Medicare copays and coinsurances

Illinois Deeming Period:

- Individuals can remain in their D-SNP plan from 3 to 6 months depending on the plan
- If an individual is not reinstated within the deeming period, their D-SNP coverage will end
- After deeming period ends, [Special Enrollment Period](#) is available to enroll in a Medicare Advantage Plan or Part D plan



D-SNP Enrollment



D-SNP Enrollment

Initial Enrollment Period (IEP)

- When a beneficiary first becomes eligible for Medicare (3-1-3 rule)
- Must be enrolled in AABD Medicaid or FamilyCare

Medicare Annual Open Enrollment Period (OEP)

- October 15- December 7 of each year
- Can enroll or switch D-SNP plans or non-integrated Medicare Advantage plans for the following calendar year

Medicare Advantage Open Enrollment Period

- January 1- March 31
- If already enrolled in a MA plan or D-SNP can switch D-SNP plans, enroll in non-integrated Medicare Advantage plans or go back to Original Medicare

Integrated Care Special Enrollment Period (SEP)

- Monthly opportunity for duals to enroll or switch D-SNPs
- Other SEPs are available to individuals based on circumstances



How to Enroll in a D-SNP

- Individuals can search available plans using the PlanFinder ([Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)).
- Enrollment in a D-SNP can be done in one of these ways:
 - Select “Enroll” for the D-SNP on Medicare.gov PlanFinder
 - Call the D-SNP or visit their website.
 - Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Enrollment is **voluntary**, can opt out at any time
- D-SNP plans are allowed to market beginning October 1, 2025, unlike MMAI plans



Disenrolling from D-SNPs

- Individuals can disenroll from a D-SNP at any time and return to Original Medicare and Fee for Service Medicaid
 - Prescription coverage is from Medicare Part D
 - Can disenroll online (Medicare.gov), calling 1-800 Medicare, or contacting the plan
- Individuals who disenroll can use Dual/LIS Special Enrollment Period
 - Allows individuals to enroll and switch standalone Part D plan monthly
 - Cannot use to enroll in a regular Medicare Advantage plan
- Individuals who would like to enroll in a regular MA plan can use the Medicare Annual Open Enrollment Period (Oct 15- Dec 7) or Medicare Advantage Open Enrollment Period (January 1-March 31)



Disenrolling from D-SNP and Receiving LTSS Services



- Illinois residents receiving Medicaid Long Term Services and Supports (LTSS) must be enrolled in a managed care plan that provides those services
- If an individual is receiving LTSS from their D-SNP and chooses to no longer be enrolled any D-SNP:
 - Client Enrollment Services will assign them to a HealthChoice MLTSS plan and send them an enrollment packet
 - Will have the option to enroll in a different MLTSS plan per instructions to be provided in the packet



MMAI to D-SNP Transitions for CY 2026



- 4 out of 5 of the MCOs offering MMAI plans were awarded D-SNPs contracts
 - Aetna, Humana, Meridian, Molina
- Enrollees in MMAI plans that were awarded D-SNP contracts will be transferred into a D-SNP with the same parent company
 - Aetna Medicare FIDE, Humana Dual Fully Integrated, Wellcare Meridian Dual Align, Molina Medicare Complete Care Plus
 - Were sent an Annual Notice of Change (ANOC) around 9/30/2025
 - Can opt out and be in Original Medicare/Medicare Advantage and FFS Medicaid



MMAI and D-SNP Transition: BCBS



- Enrollees in the BCBS Community MMAI plan received a notice of non-renewal that their plan is ending around 9/30/2025
 - Can enroll in a D-SNP or a non-integrated Medicare Advantage plan during the 2025 Medicare Annual Open Enrollment (October 15th – December 7th)
 - In December 2025, can enroll in a D-SNP with monthly Integrated Care Special Enrollment Period
 - If no choice is made, CMS enrolls them in Original Medicare with a standalone Part D prescription drug plan starting January 1, 2026
 - If receiving LTSS services will be enrolled in BCBS MLTSS
 - Special Enrollment Period to choose any type of Medicare plan until February 28, 2026



D-SNP Benefits



D-SNP Benefits



- D-SNPs cover all Medicare and Medicaid benefits
 - Including LTSS, behavioral health, transportation, home health
- D-SNPs have an integrated formulary of drugs that includes drugs covered by Medicare Part D and Illinois Medicaid
- Some benefits may require prior authorization or referrals



D-SNPs and Long-Term Care Benefit

- Illinois D-SNPs cover long term care
- This includes nursing home care and all services under the following Home and Community Based Waiver Services (HCBS):
 - Persons who are Elderly
 - Persons with Disabilities
 - Persons with HIV/AIDs
 - Persons with Brain Injury
 - Supportive Living Program
- [Home and Community Based Services Waiver Programs | HFS](#)
- **REMINDER:** Persons enrolled with the Adults with Developmental Disabilities waiver are not eligible for D-SNP



Supplemental Benefits

- D-SNPs can offer supplemental benefits like other Medicare Advantage plans
- Supplemental benefits may duplicate Medicaid benefits
- D-SNP plans that have high integration are allowed to offer supplemental benefits beyond what is offered by regular Medicare Advantage plans



Care Coordination

- D-SNP enrollees will be assigned a care coordinator that will provide care management services
- Enrollees must be given the contact info of a care coordinator or entity providing care coordination services
- Care coordinators have contact requirements depending on high risk the individual is or enrolled in a HCBS waiver



Care Coordination

- Care coordinators can help D-SNP enrollees with the following:
 - Assessment of enrollee's clinical risks and needs
 - Medication management
 - Health education
 - Coordinate services with community and social services providers
 - Discharge planning
 - Assisting with grievances and appeals



Services Not Covered by D-SNPs



- Experimental services
- Services provided by an out of network provider
- Services provided without required referral and prior authorization
- Cosmetic services



Provider Networks

- D-SNPs have a provider network that individuals must use.
 - Must meet CMS and state Medicaid provider network adequacy standards
- Must select or will be assigned a primary care provider
- Contact the plan to check provider networks



Continuity of Care



- Illinois FIDE-SNPs must offer a continuity of care transition period
 - 180 days for enrollees new to a D-SNP
 - 90 days for enrollees switching between D-SNPs
- Allows enrollees to continue receiving care from out-of-network providers
- D-SNPs must pay for covered services provided by the out-of-network provider
- D-SNPs must make efforts to recruit out-of-network providers to join their network



D-SNP Costs



Enrollees will not pay the Medicare Part B monthly premium



Should not pay a copay or coinsurance for covered medical services

Unless in a deeming period, where Medicare copays and coinsurances are applicable



Prescription Cost Sharing



- Enrollees will have to pay Extra Help costs for covered drugs
 - In 2026, for less than or equal to 100% FPL pay \$1.60 for generic drugs and \$4.90 for brand name drugs.
 - In 2026, individuals through 150% FPL pay up to \$5.10 for generic drugs and up to \$12.65 for brand name drugs
 - These copays amounts will change every year
 - Unless in HCBS waiver or nursing home care



Grievances and Appeals

- D-SNP Enrollees have the right to file a grievance
 - Can do so internally by filing a complaint with the plan or provider
 - Can do so externally by filing a complaint with 1-800-Medicare
- D-SNP Enrollees have the right to appeal any decision where services are being denied, reduced, terminated, or suspended
 - First 2 levels of appeal is with the D-SNP plan directly and unified





Resources

Avisery Resources on D-SNPs: [Avisery Resources on Dual Eligible Special Needs Plans \(D-SNPs\) - AgeOptions](#)

Medicare.gov Special Needs Plans:
[Special Needs Plans \(SNP\) | Medicare](#)

IL HFS D-SNP Website: [Fully Integrated Dual Eligible Special Needs Plans in Illinois](#)

CMS D-SNPs Website:
[Dual Eligible Special Needs Plans \(D-SNPs\) | CMS](#)

Justice in Aging: D-SNPs and What Advocates Need to Know

[Dual Eligible Special Needs Plans \(D-SNPs\): What Advocates Need to Know - Justice in Aging](#)

Thank you!

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