



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

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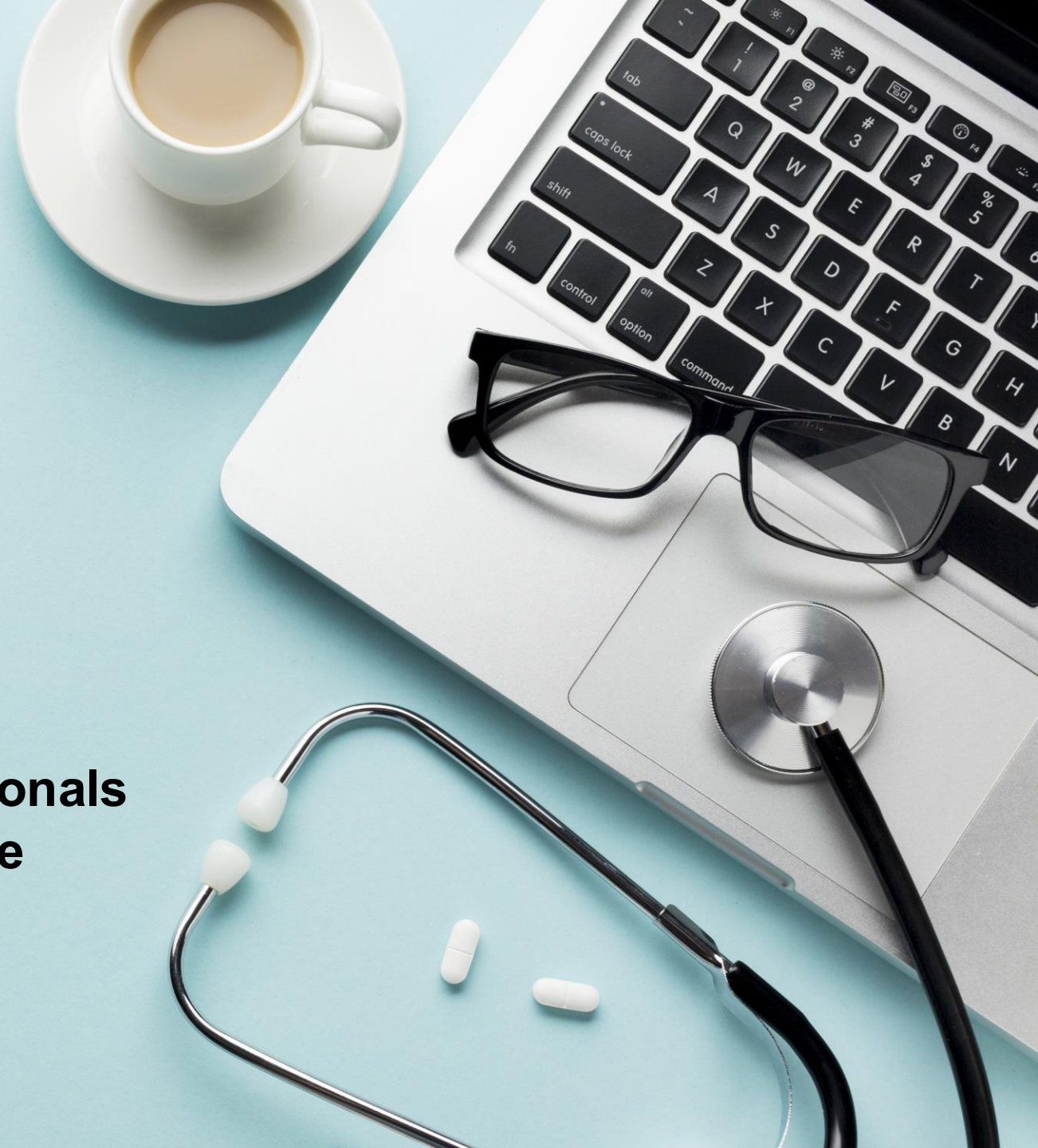
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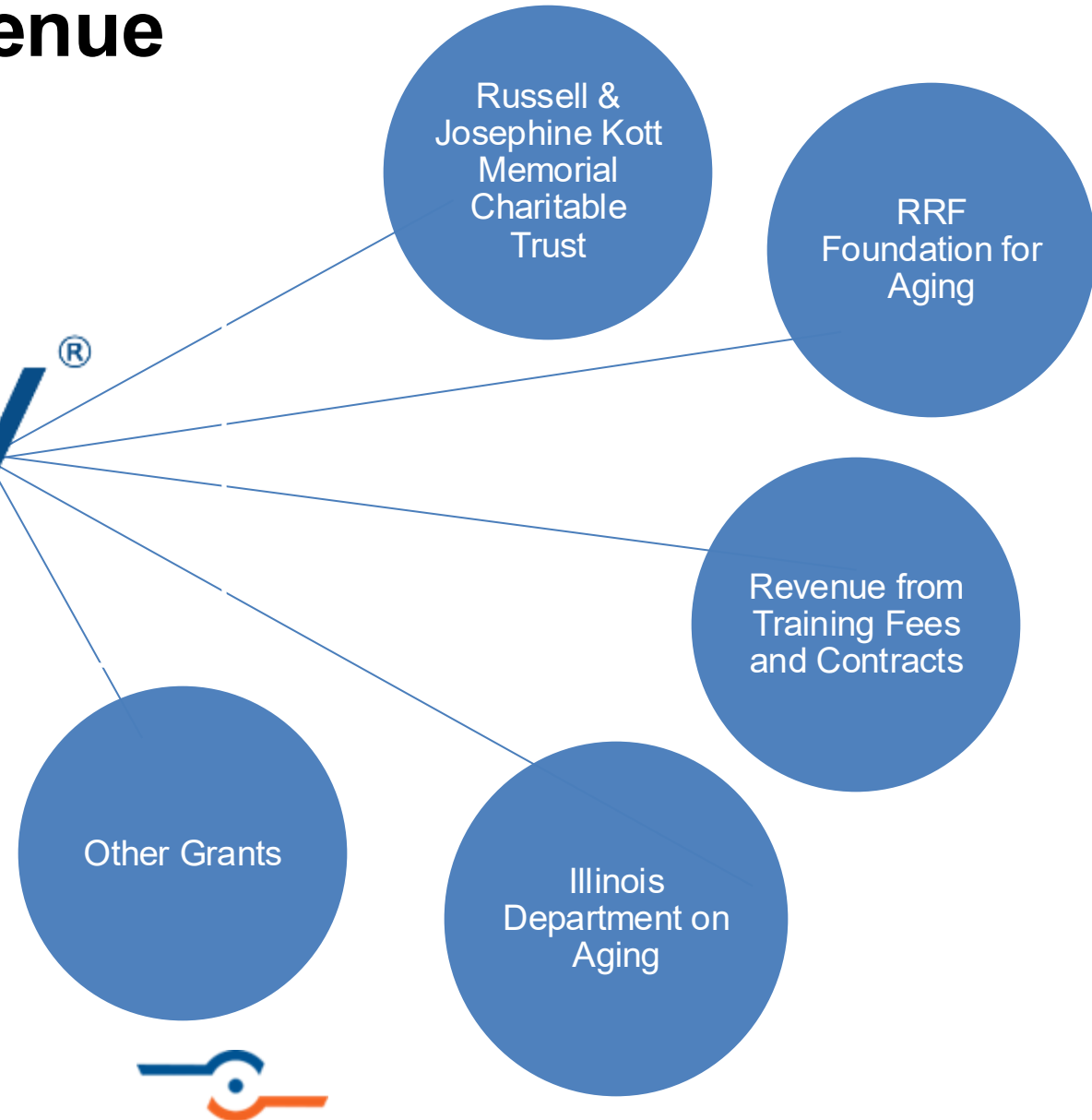
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2025 Sources of Revenue



Pre-test



What We'll Cover Today

Background

What is a D-SNP?

D-SNP Enrollment in Illinois

D-SNP Disenrollment in Illinois

Illinois 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 Dual Eligible Special Needs plans (D-SNPs) beginning January 1st, 2026



Medicare Advantage Plan

- D-SNPS are a type of Medicare Advantage plan
- Offered by private insurance companies contracted with Medicare
 - Will receive all Part A and Part B services through a private health plan
- Beneficiaries are still in the Medicare Program
 - Have Medicare rights and protections.
- May include prescription drug coverage (MA-PD plans)



Medicare vs Medicaid

- **Medicare**

- Federal health insurance program for people who are 65+ or approved for disability benefits
- Does not cover long term care, vision, and dental
- Multiple Parts:
 - Part A: Hospital Coverage
 - Part B: Medical Coverage
 - **Part C: Medicare Advantage**
 - Part D: Prescription Drug

- **Medicaid**

- Health insurance program for people with low income
- Funded by Federal and State Government
- Different in every state
- Multiple programs for different populations with different eligibility rules
- Covers long term care, vision, dental
- **AABD Medicaid:** Aid to Aged Blind and Disabled



What is Dual Eligibility?

- A beneficiary who receives both Medicare and Medicaid
 - Referred to as dual-eligible or “a dual”
 - D-SNPS (dual special needs plans) are available to duals only

AABD Medicaid Requirements:



- Must be aged 65 or older OR blind OR disabled Income less than 100% of the federal poverty level (FPL)
- Asset Limit of \$17,500.00

FamilyCare Medicaid Requirements:

- Must be a parent or relative who is caring for children under the age of 18 with income less than 138% FPL. There is no asset limit.
- [FamilyCare | HFS](#)



Current Coverage Options for Illinois Duals

Program	Details
Original Medicare/Medicare Advantage and Fee for Service Medicaid	<ul style="list-style-type: none"> • Medicare and Medicaid billed separately for services • Individuals must use multiple health plans • Long term services will be covered by a separate managed care plan • May or may not have to work with provider networks
Medicare Medicaid Alignment Initiative (MMAI)  Ending December 31, 2025	<ul style="list-style-type: none"> • All Medicare and Medicaid benefits consolidated into one plan including long term care services • Managed Care: Plan is managed by a private health insurance company called a Managed Care Organization(MCO) • Provider networks
Program of All Inclusive Care for the Elderly (PACE) 	<ul style="list-style-type: none"> • Offers comprehensive health services for individuals 55+ living in the community that qualify for nursing home level care • Services can be at a PACE center, the home, and inpatient facilities • Operates in 5 regions: West Chicago, South Chicago, Southern Cook County, Peoria, East St. Louis



Let's Check In



What is a 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 can not travel for care	Yes
Dual Eligible Special Needs Plans (D-SNP)	Individuals enrolled in Medicare and Medicaid	Coming in January 2026!

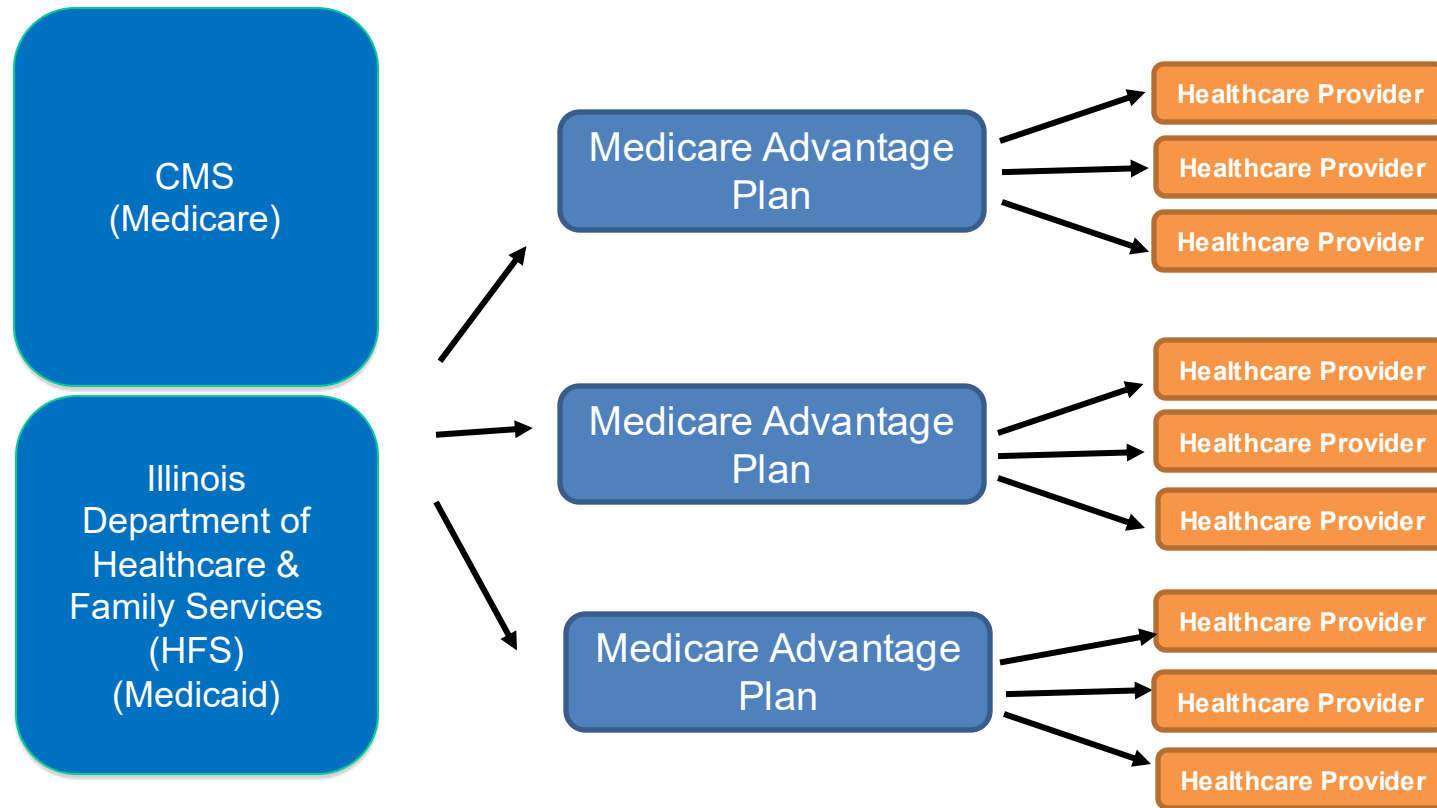


Dual Eligible Special Needs Plans

- 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



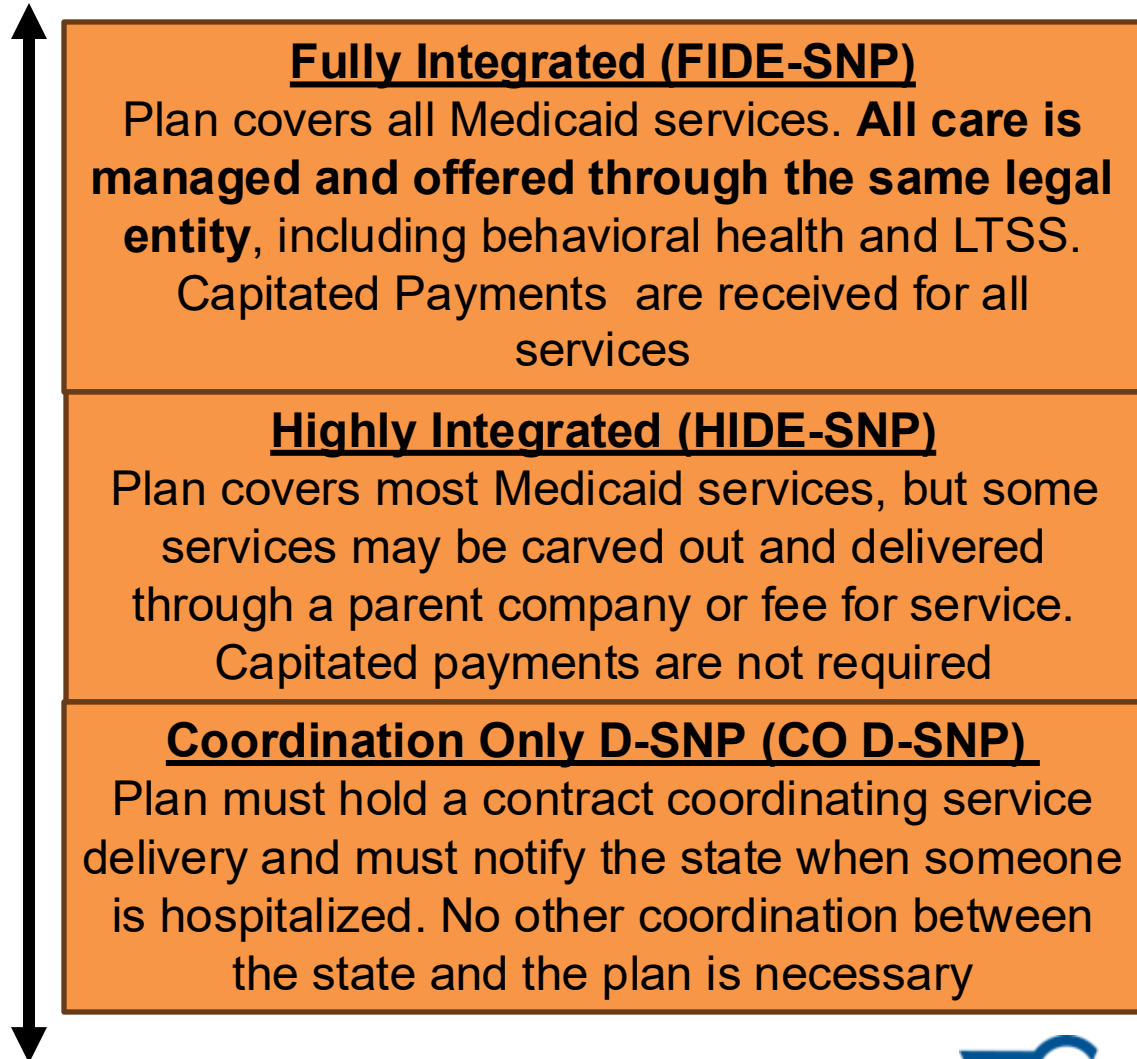
D-SNP Contracting



HFS and CMS contract with **Medicare Advantage Plans** who then contract with **Healthcare Providers**



Degrees of Integration Can Vary by State



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



FIDE SNPs

- FIDE must be Exclusively Aligned
 - Operated by the same company, with fully integrated enrollee materials, single ID cards, 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 granted that they meet CMS network adequacy standards for all counties



Integration In Illinois Dual Coverage Options

Original Medicare and FFS Medicaid	Medicare Advantage and FFS Medicaid	MMAI	Fully Integrated Special Needs Plan/D-SNP	PACE
Medicare Part A/ Inpatient Hospital Services Medicare Part B/ Medical Services	Medicare Part A/ Inpatient Hospital Services Medicare Part B/ Medical Services	Medicare Part A/ Inpatient Hospital Services Medicare Part B/ Medical Services	Medicare Part A/ Inpatient Hospital Services Medicare Part B/ Medical Services	Medicare Part A/ Inpatient Hospital Services Medicare Part B/ Medical Services
Medicare Part D/ Prescription Drug Plan	Medicare Part D/ Prescription Drug Coverage	Medicare Part D/ Prescription Drug Coverage	Medicare Part D/ Prescription Drug Coverage	Medicare Part D/ Prescription Drug Coverage
FFS Medicaid Medical	FFS Medicaid Medical	Medicaid Medical	Medicaid Medical	Medicaid Medical
Managed Long Term Services and Supports plan	Managed Long Term Services and Supports plan	Long Term Services and Supports	Long Term Services and Supports	Long Term Services and Supports

This chart was adapted from Justice in Aging, Slide 25 [Dual Eligible Special Needs Plans \(D-SNPs\): What Advocates Need to Know - Justice in Aging](#)



Illinois D-SNP Eligibility

- To be eligible for a D-SNP 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

- Individuals cannot enroll in Illinois 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 (i.e. MSP, Family Planning Program)
 - Have comprehensive third-party insurance



Redeterminations

- **Redetermination (rede):** An annual review Medicaid beneficiaries must go through to renew their benefits
- Illinois beneficiaries are mailed rede notices one month before the redetermination date
 - Can also check Manage My Case or call DHS call center at 1-800-843-6154
- If Medicaid is canceled due to a missed redetermination, eligible Medicaid beneficiaries can be reinstated within 90-days



Deeming Period

- CMS requires D-SNPs to have **Deeming Periods**
 - Allows the individual to stay in their D-SNP for a certain amount of time if they lose their Medicaid benefits
- Illinois Deeming Period:
 - If an individual loses their Medicaid benefits, they can remain in their D-SNP for at minimum 90 days
 - If an individual is not reinstated within 90 days 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



Let's Check In



D-SNP Enrollment in Illinois



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-SNPs 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-SNPs, 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

- Enrollments can be done through Medicare.gov on PlanFinder, 1-800-Medicare or through the plan
 - PlanFinder will indicate which plans are D-SNPs
- Enrollment is voluntary, can opt out at any time
- D-SNP will confirm Medicaid eligibility upon enrollment
- D-SNPs are allowed to market unlike MMAI plans. Beneficiaries should confirm marketing claims before enrolling



What to Consider When Enrolling in a D-SNP

- Clients should compare D-SNPs to find a plan that works for them
- Considerations include:
 - Are their healthcare providers part of the plan's network?
 - Does the formulary cover all of the client's prescription drugs?
 - Does the plan have drug restrictions such as prior authorization for any of their drugs? Prior approval for services?
 - Does the plan offer any extra benefits that might be helpful?



Illinois MMAI to D-SNP Transition Timeline

Date	Event
7/1/2025	Last passive (automatic) enrollment into MMAI plans
09/18/2025	Last active enrollment into MMAI (beneficiary opts in)
10/15/2025-12/7/2025	Medicare Annual Open Enrollment Period: Duals who are not automatically transitioned into a D-SNP can enroll in a plan through Medicare.gov plan finder. Coverage will begin on 1/1/2026
12/7/2025-12/31/2025	Integrated Care Special Enrollment Period: Duals who are not automatically into a D-SNP can enroll in a plan through Medicare.gov plan finder. Coverage will begin on 1/1/2026
12/31/2025	Last day of MMAI coverage
1/1/2026	D-SNP coverage in Illinois begins



MMAI to D-SNP Transitions for CY 2026

- As of July 2025, 4 out of 5 of the MCOs offering MMAI plans were awarded D-SNPs contracts
 - Aetna, Humana, Meridian, and Molina
 - Awards are not final until CMS approves the D-SNPs
- Enrollees in MMAI plans that were awarded D-SNP contracts will be transferred into a D-SNP with the same parent company
 - Will receive an Annual Notice of Change (ANOC) around 9/30/2025 explaining the transition
 - 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 will receive a notice of non-renewal that their MMAI plan is ending around 9/30/2025
 - Can choose to 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, individuals can use the new Integrated Care Special Enrollment Period to enroll in a D-SNP
 - If no choice is made, CMS automatically transitions them to Original Medicare with a standalone Part D prescription drug plan starting January 1, 2026



Let's Check In



D-SNP Disenrollment in Illinois



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 an Illinois D-SNP When Receiving LTSS Services

- If an individual disenrolls from D-SNP and is receiving Long Term Services and Supports (LTSS) they will:
 - Return to Original Medicare, FFS Medicaid, Medicare Part D for prescription drug coverage and HealthChoice Managed Long Term Services and Support (MLTSS) plans for LTSS coverage
 - Must remain in managed care for coverage of LTSS services
- When they disenroll:
 - Will be sent an enrollment packet for a **HealthChoice MLTSS** plan assigned to them by Client Enrollment Services
 - Will have the option to choose another MLTSS plan



What is HealthChoice Illinois MLTSS?

- MLTSS = Managed Long-Term Services and Supports
- For people with full **Medicaid and Medicare** benefits who receive Long Term Care
- MLTSS is part of HealthChoice Illinois, but only for people with Medicare and Medicaid
 - Only covers LTSS, transportation, and some behavioral health
 - Only time a person with Medicare will be part of HealthChoice IL
 - Mandatory; cannot opt-out



HealthChoice MLTSS Enrollment

- Individuals receive a notice in the mail instructing them to select a MLTSS plan or they will be assigned to one
 - Have 30 days to choose a plan
 - If client does not select a plan within 30 days, they will be passively (automatically) enrolled in the plan listed in the notice
- Enrollment completed one of two ways:
 - Calling Client Enrollment Services at 1-877-912-8880
 - Online at <https://enrollhfs.illinois.gov>



Limited Income Newly Eligible Transition Program (LI NET)

- Provides temporary drug coverage to beneficiaries who qualify for Extra Help but are not enrolled in a Part D plan or Medicare prescription drug coverage
- Individuals are temporarily enrolled into the LI NET program until they enroll into or are auto assigned to a Part D plan
 - Should receive notice of enrollment
- LI NET has an open formulary, and copays are Extra Help copays
- [Medicare's Limited Income Newly Eligible Transition \(LI NET\) Program](#)



Let's Check In



Illinois D-SNP Benefits



Illinois D-SNP Benefits



- Illinois D-SNPs (which are FIDE-SNPs) cover all Medicare and Medicaid benefits
 - Including LTSS, behavioral health, transportation, home health
- D-SNPs have an integrated formulary of drugs that includes prescription drugs and over the counter drugs covered by Medicare Part D and Illinois Medicaid outpatient prescription drug benefit
- Some benefits may require prior authorization or referrals



D-SNP and LTSS Benefits

- Illinois D-SNPs cover Long Term Services and Supports
- 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](#)



Supplemental Benefits

- D-SNPs can offer supplemental benefits like other Medicare Advantage plans
- Supplemental benefits may duplicate Medicaid benefits
- D-SNPs 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
 - Must screen for transportation, housing, and food needs
 - Must address social determinants of health
 - Options counseling
 - 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/or 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
- Contact the plan to check provider networks



Continuity of Care

- Illinois D-SNPs must offer a continuity of care transition period
 - 180 days for those new to D-SNP
 - 90 days for those switching in 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 providing services to enrollees during this time



Cost Sharing

- No premium for the D-SNP plan
- No Medicare Part B monthly premium
- Enrollees may 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 waiver or nursing home care



Grievances and Appeals

- 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
- Enrollees have the right to appeal any decision where services are being denied, reduced, terminated, or suspended
 - First level of appeal is with the D-SNP directly
 - Integrated appeals process for initial decision and 1st level reconsideration. Higher level of appeals are not integrated



Let's Check In



Quick Comparison between D-SNP and Original Medicare and FFS Medicaid

D-SNP	Original Medicare and FFS Medicaid
<p>Costs</p> <ul style="list-style-type: none">• No Part B premium• May have Extra Help costs for prescription drugs	<p>Costs</p> <ul style="list-style-type: none">• Usually no Part B premium• May have Extra Help costs for prescription drugs
<p>Coverage</p> <ul style="list-style-type: none">• All Medicare and Medicaid benefits under one plan, including LTSS• Prior authorization may be required for some services• Provides supplemental benefits beyond Medicare and Medicaid benefits	<p>Coverage</p> <ul style="list-style-type: none">• Medicare and Medicaid benefits are administered separately• LTSS will be covered through a HealthChoice MLTSS plan• No prior authorization for most Medicare services• No supplemental benefits
<p>Convenience</p> <ul style="list-style-type: none">• Must use provider network to receive coverage• May need a referral to see a specialist• Review plan annually to ensure that the plan continues to meet health and drug needs	<p>Convenience</p> <ul style="list-style-type: none">• Can use any provider that accepts Medicare or Medicaid depending on the service• Review Medicare Part D plan to ensure that the plan continues to meet drug needs
<p>Customer Service</p> <ul style="list-style-type: none">• Integrated appeals and grievances process• Star ratings on Medicare.gov will be available in the future	<p>Customer Service</p> <ul style="list-style-type: none">• Appeals and grievances process are separate• Medicare: Star ratings on Medicare.gov for standalone Part D plan

Post-test





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