



Illinois Medicare Advantage Dual Eligible Special Needs Plans FAQ

Updated 4.21.26

Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) are Medicare Advantage plans that are specifically tailored to duals (those with Medicare and Medicaid). All D-SNPs cover all Medicare services and must at least coordinate Medicaid benefits. D-SNPs differ from regular Medicare Advantage plans that only cover Medicare benefits. The three types of D-SNPs vary in terms of level of integration of Medicare and Medicaid benefits.

Illinois Transition to D-SNPs

Why is Illinois introducing D-SNPs?

Prior to January 1, 2026, Illinois' option for duals to receive integrated care was 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, HFS chose to introduce D-SNPs as an alternative form of plan that integrates Medicare and Medicaid coverage.

What is a Fully Integrated Special Needs Plan (FIDE-SNP)?

Illinois has decided to only offer Fully Integrated Special Needs Plan (FIDE-SNP). This type of D-SNP is the most integrated type of D-SNP and covers all Medicare and Medicaid services through one plan. There will be fully integrated enrollee materials, one provider network for all Medicare and Medicaid services, single ID cards, and a unified appeal process. In Illinois the term FIDE SNP and D-SNP can be used interchangeably.

How does a D-SNP compare to Medicare Medicaid Alignment Initiative (MMAI)?

Due to Illinois choosing to only operate FIDE-SNPs, D-SNPs are very similar to MMAI. Enrollees will receive all their Medicare and Medicaid benefits through one plan with integrated materials, provider network, and ID cards. D-SNPs will offer care coordination. Additionally, D-SNPs are voluntary like MMAI plans, and individuals can disenroll from D-SNPs at any time.

When will D-SNPs become available in Illinois and which companies will offer them?

D-SNPs became available January 1, 2026. The four plans will be: Aetna Medicare FIDE, Humana Dual Fully Integrated, Molina Medicare Complete Care Plus, and Wellcare Meridian Dual Align.

Illinois D-SNP Eligibility

Who is eligible to be in an Illinois D-SNP?

Individuals eligible for Illinois D-SNPs are those:

- Enrolled in full Aid to the Aged, Blind, or Disabled (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 an Illinois D-SNP?

Individuals cannot enroll in an Illinois D-SNP 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 a redetermination notice or are no longer eligible for Medicaid benefits, they are able to remain in their Illinois D-SNP for a set number of days known as the deeming period. During the deeming period,

the individual can continue to receive their Medicare benefits from the plan, but they will no longer receive Medicaid-only services such as long-term services and supports, transportation, and some behavioral health services. Individuals must pay Medicare cost sharing or premiums during this time.

In Illinois, a deeming period can last from 3 to 6 months depending on the D-SNP plan. If a plan member is not reinstated in Medicaid before the deeming period ends, their D-SNP coverage will end. If an individual loses their D-SNP coverage, they have a 90-day Special Enrollment Period to enroll in a non-integrated Medicare Advantage plan or a standalone Part D plan.

If an individual who is receiving long term services and supports (LTSS) through a HCBS waiver program then loses Medicaid, what are their options?

- If they had been receiving Persons who are Elderly waiver services through the D-SNP, they may be eligible to receive those services through the Illinois Department on Aging Community Care Program's state-funded program which has more generous eligibility guidelines. These services may also serve to meet their monthly AABD Spenddown deductible and allow continued access to Medicaid medical coverage.
- If they are receiving Persons with Disabilities waiver services and can work, they may be eligible for the Health Benefits for Workers with Disabilities Medicaid program (also has a higher income and asset limit than AABD Medicaid) which would allow them to continue receiving Medicaid medical and waiver services.

Enrollment in Illinois D-SNPs

When can an individual enroll into a D-SNP?

Individuals can enroll in a D-SNP 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 in 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, 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, 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.

Special Election Period for Incorrect Provider Information in Medicare Plan Finder: This SEP is only available in 2026. It allows individuals who use the Medicare Plan Finder to enroll in a Medicare Advantage plan based on the provider portal on Medicare.gov and then later discovered that their provider is not in network to change health plans. The beneficiary must discover that the provider is not in network in the first 3 months of being enrolled in the Medicare Advantage. Individuals can enroll in a different Medicare Advantage plan or return to Original Medicare. To use the SEP, individuals must call 1-800-MEDICARE

How does someone enroll into a D-SNP plan?

Individuals can search, compare, and enroll into D-SNPs via Medicare.gov PlanFinder.

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.

Will the Medicare online PlanFinder tool indicate which Medicare Advantage plans are D-SNPs?

PlanFinder will indicate which Medicare Advantage plans are D-SNPs by having the acronym next to the plan's name. When searching for Medicare Advantage plans, indicate that the individual has Medicaid. Additionally, there is a filter for Special Needs Plans for those with Medicare and Medicaid. Individuals can also sign into their MyMedicare.gov account to have a personalized search.

Is enrollment into a D-SNP voluntary?

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

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

Yes, D-SNPs can market to dually eligible individuals. Marketing for D-SNPs cannot start until October 1, 2025.

Special D-SNP Enrollment Circumstances for Past MMAI Plan Members

What if an Individual was enrolled in an MMAI plan with a company that also offers an Illinois D-SNP?

Four out of the five managed care organizations that offered MMAI plans were awarded Illinois D-SNP contracts: Aetna, Humana, Meridian, and Molina. If an individual was a member of one of these MMAI plans, CMS transitioned them to the D-SNP that their MMAI plan operates. Individuals received an Annual Notice of Change (ANOC) around September 30, 2025, explaining the transition. Individuals had the option to choose a different D-SNP or opt out of D-SNPs entirely

What if an Individual was enrolled in the BlueCross BlueShield Community MMAI plan?

If individuals was in the Blue Cross Blue Shield Community MMAI plan, their plan ended on December 31, 2025. Individuals received a notice of non-renewal around September 30, 2025, that states their MMAI plan is ended. Individuals could choose to enroll in a D-SNP or non-integrated Medicare Advantage plan during the Medicare Annual Open Enrollment Period (October 15th- December 7th). If no choice was made, these individuals were transferred by CMS into Fee-For-Service Medicaid and Original Medicare with a standalone Part D plan starting January 1, 2026. If an individual is receiving LTSS services, they were auto enrolled into Blue Cross Blue Shield Managed Long Term Services and Supports (MLTSS) plan. Individuals did have the option to enroll in a different MLTSS plan or be enrolled in the one assigned to them.

Eligible individuals who were in BCBS MMAI plan and are no longer in integrated care but wish to be can enroll in any D-SNP plan using the monthly Integrated Care SEP

Disenrollment from Illinois D-SNPs

How can individuals disenroll from D-SNPs?

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. Individuals can disenroll through Medicare.gov PlanFinder, by calling 1-800 Medicare, or by contacting the plan directly.

If an individual wants to disenroll from a D-SNP 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 Illinois D-SNPs who receive Long Term Services and Supports?

Individuals in Illinois 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 or a HealthChoice Managed Long Term Services and Supports (MLTSS) plan. If they choose to disenroll from their D-SNP, they will return to Original Medicare or select 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.

Benefits Offered through Illinois D-SNPs

What benefits will Illinois 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-SNPs 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. Like other Medicare Advantage plans, D-SNPs may offer supplemental benefits that go beyond Medicare and Medicaid benefits. D-SNPs will offer care coordination like MMAI. Every D-SNP enrollee will be assigned a care coordinator.

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 social services providers, discharge planning, and assisting with grievances and appeals

Do Illinois D-SNPs cover Long Term Care?

Yes, Illinois D-SNPs will cover long-term care including nursing home facilities and all services for adults 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

Note that this does not include the Adults with Developmental Disabilities Waiver.

What do D-SNPs not cover?

D-SNPs 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 must use to receive coverage for the service.

Do Illinois D-SNPs have continuity of care like MMAI?

Yes, there will be a continuity of care period during which enrollees can see an out-of-network provider if they are receiving active treatment and the D-SNP will cover the services. Individuals enrolling in a D-SNP plan for the very first time will have a continuity of care period of 180 days (Molina only offers a 90 day continuity of care period when an individual enrolls in a D-SNP for the very first time). Individuals who are switching between D-SNP plans will have a continuity of care period of 90 days.

Costs for Beneficiaries in Illinois D-SNPs

What costs will Illinois D-SNP enrollees have to pay?

Individuals enrolled in Illinois D-SNPs will not have to pay the Part B premium. The D-SNPs will also not charge any premiums. There should be no copays for medical services for D-SNP enrollees. The only time an individual will have to pay for covered medical services while enrolled in a D-SNP plan is if they are in a deeming period.

Illinois D-SNP enrollees may 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 \$5.10 for generic drugs and \$12.65 for brand name drugs in 2026. If they are receiving care from a long-term care facility or services through a HCBS waiver, drugs costs will be \$0.

Please note, that Medicare.gov PlanFinder may show general plan information about costs that do not apply to individuals with both Medicare and Medicaid. This may include coinsurances for services and/or drug tier costs.

Consumer Rights in Illinois D-SNPs

Can enrollees file a grievance?

Yes, D-SNP enrollees can file grievances with D-SNPs if they have any issues with how service was delivered. Individuals can file a complaint with the plan or health provider. Additionally, they can file a complaint by calling 1-800-Medicare. Enrollees can also contact the Illinois Home Care Ombudsman program via the Senior Helpline: 1 (800) 252-8966 which is available Monday through Friday from 8:30 am to 5:00 pm.

Is there an appeals process for Illinois 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 at the first two levels of appeal.

Can clients reach out to the Home Care Ombudsman Program for assistance with D-SNPs?

Yes, the Illinois Home Care Ombudsman Program will assist D-SNP enrollees navigate plan related issues. Professionals can send referrals vis the Aging.HCOProgram@illinois.gov and D-SNP enrollees can reach out via the Senior Help Line: 1(800) 252-8966 Monday – Friday from 8:30 am to 5 pm.



Additional Resources for Learning about D-SNPs

Who can I contact for more information?

The Illinois Department of Healthcare and Family Services (HFS) set up an email for any D-SNP questions: HFS.DSNPIquiries@illinois.gov

Individuals can also reach out to Avisery at avisery@ageoptions.org