

State Medicaid and Medicare Integration Scenarios - Louisiana

Regulatory Background and Association Response

Federal Regulatory Activity

- On April 4, 2024, CMS released the [CY 2025 Policy and Technical Changes to the Medicare Advantage Program](#) final rule.
- The rule made significant revisions in the framework and delivery of integrated care of dually eligible beneficiaries through the D-SNP chassis.
- Generally, CMS' stated goals of the changes were to:
 - Increase alignment between Medicaid and Medicare options,
 - Selectively decrease the number of D-SNPs available to beneficiaries
 - Improve the overall beneficiary navigation and selection experience

Health Plan and Association Response

- The National MLTSS Health Plan Association and SNP Alliance represent the majority of plans serving dually eligible beneficiaries through integrated D-SNPs
- Both associations received consistent inquiry and concern about the specific impact that the policy changes included in the Final Rule would have on individual state markets.
- In response, the entities teamed up to collaboratively attempt a “gaming out” of four state scenarios for CY 2027 and CY 2030 (key implementation periods)
- The states include: **NY, TN, PA, LA**

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Current State – Louisiana’s Medicaid Managed Care Program Overview

** Dual eligibles included in Healthy Louisiana for SBH and NEMT services must be in a mandatory, voluntary opt-in or SBH and NEMT population. They must also be eligible for Medicare, which is identified based on the Medicare Duals Eligibility table supplied by the State's fiscal agent. Dually eligible individuals are represented by Dual Status code 02, 04, and 08.

Louisiana has a Medicaid Managed Care Program called Healthy Louisiana.**

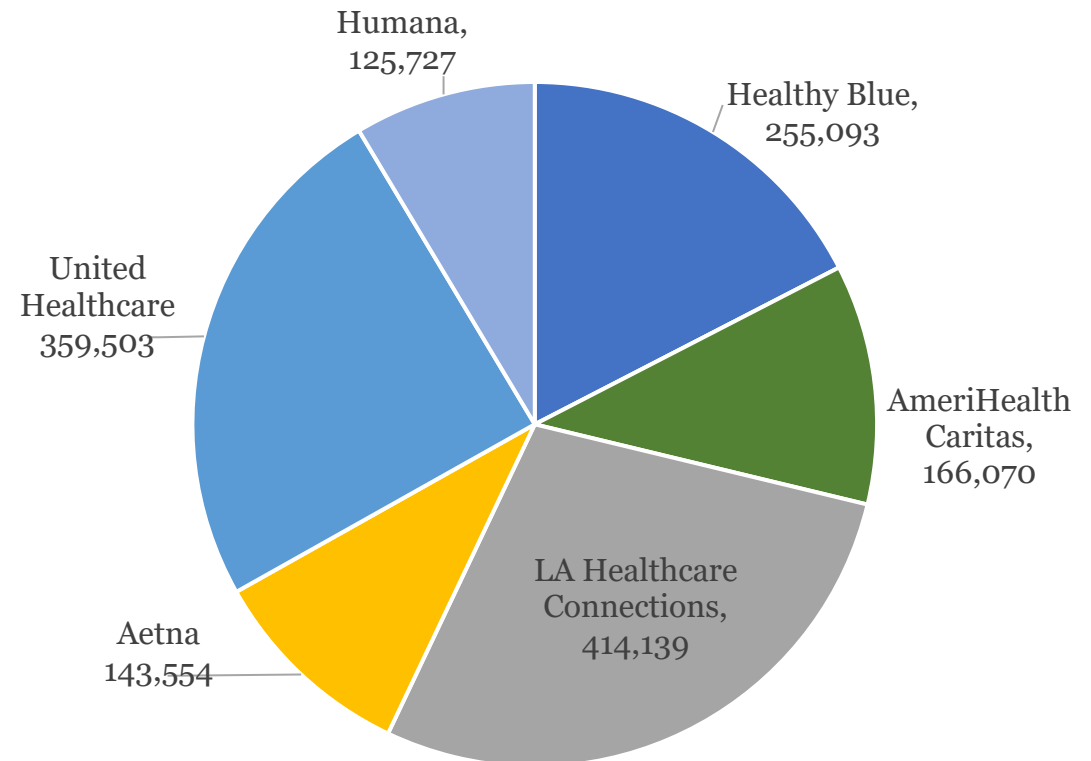
Medicare Dual Eligibles are excluded from managed care and are enrolled in Medicaid fee-for-service.

Louisiana offers Coordination Only D-SNPs (CO-DSNPs). Their obligations to coordinate with Medicaid services are only very generally defined in federal regulations.

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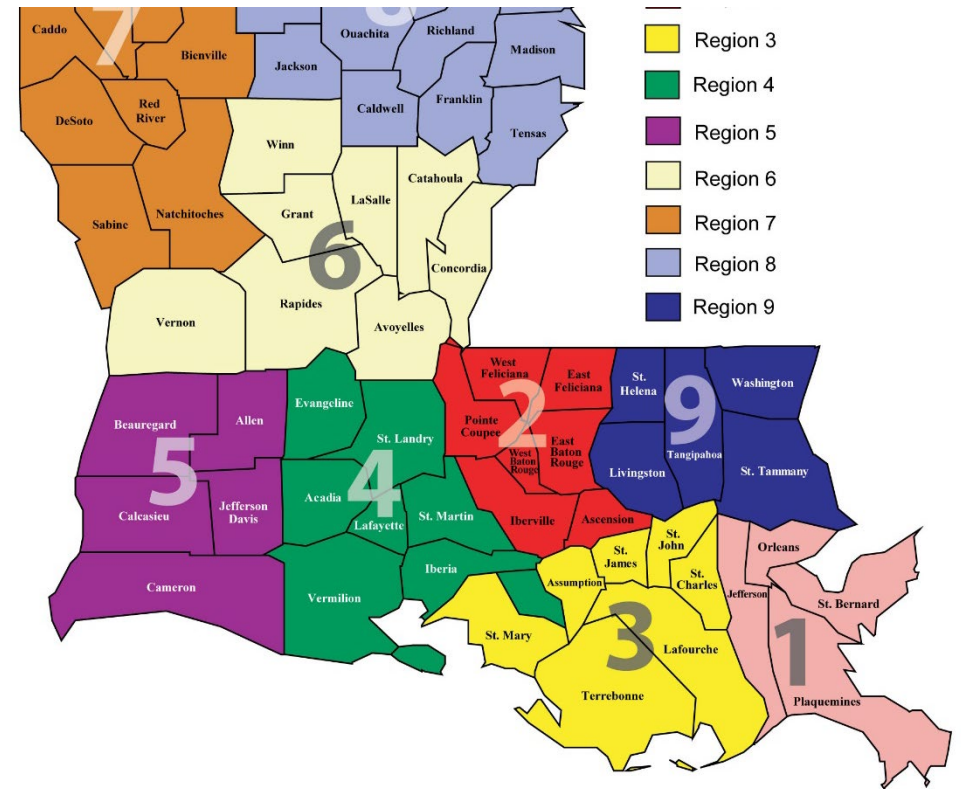
Healthy Louisiana Enrollment, 2024



Source: Louisiana Department of Health, Healthy Louisiana Enrollment by Plan and Parish, July 2024

Current State – Louisiana’s Medicaid Managed Care Regions

MCO Regions	Counties Served
Region 1	Jefferson, Orleans, Plaquemines, St. Bernard
Region 2	Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
Region 3	Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary, Terrebonne
Region 4	Acadia, Evangeline, Iberia, Lafayette, St. Martin, St. Landry, Vermilion
Region 5	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
Region 6	Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, Winn
Region 7	Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, Webster
Region 8	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll
Region 9	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington



Current State – Louisiana

Medicare Dual Eligibles are excluded from managed care and are enrolled in Medicaid fee-for-service.

Fee-for-service (FFS) is a Medicaid payment model where the state pays healthcare providers for each service they deliver to a Medicaid beneficiary. In an FFS system, the state sets the fee levels for covered services.

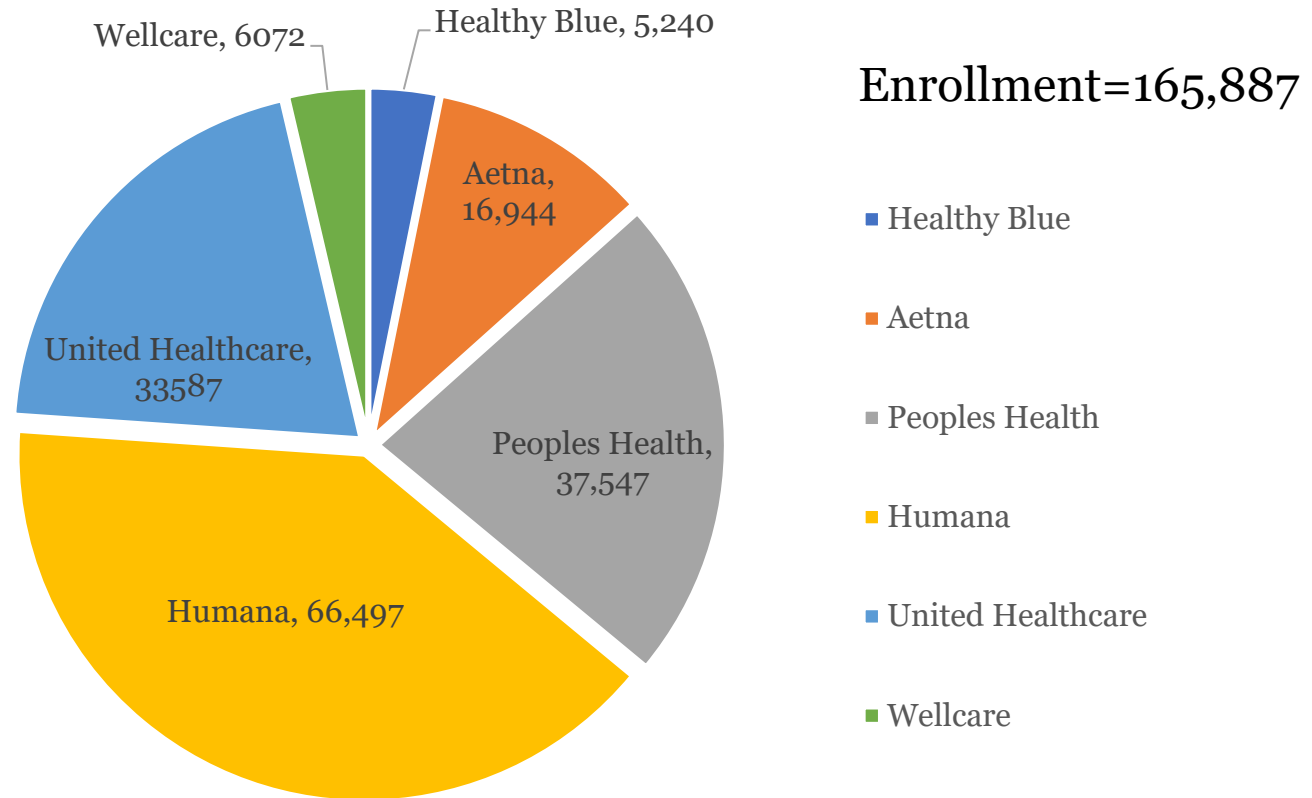
Exception for MCOs that serve dually eligible enrollees. For a MCO that serves enrollees who are also enrolled in and receive Medicare benefits from a Medicare+Choice plan, the state determines to what extent that a MCO must meet the primary care coordination, identification, assessment, and treatment planning provisions. The state bases its determination on the services it requires the MCO to furnish to dually eligible enrollees.

Covered services include doctor visits, preventative care, hospital care, prescription drugs, emergency services, specialty care, rehabilitation services, vision.

Current State – Louisiana D-SNP Program

Louisiana offers only Coordination Only D-SNPs. CO-DSNPs may or may not have aligned enrollment with a MMCO.

CO DSNP Enrollment July 2024



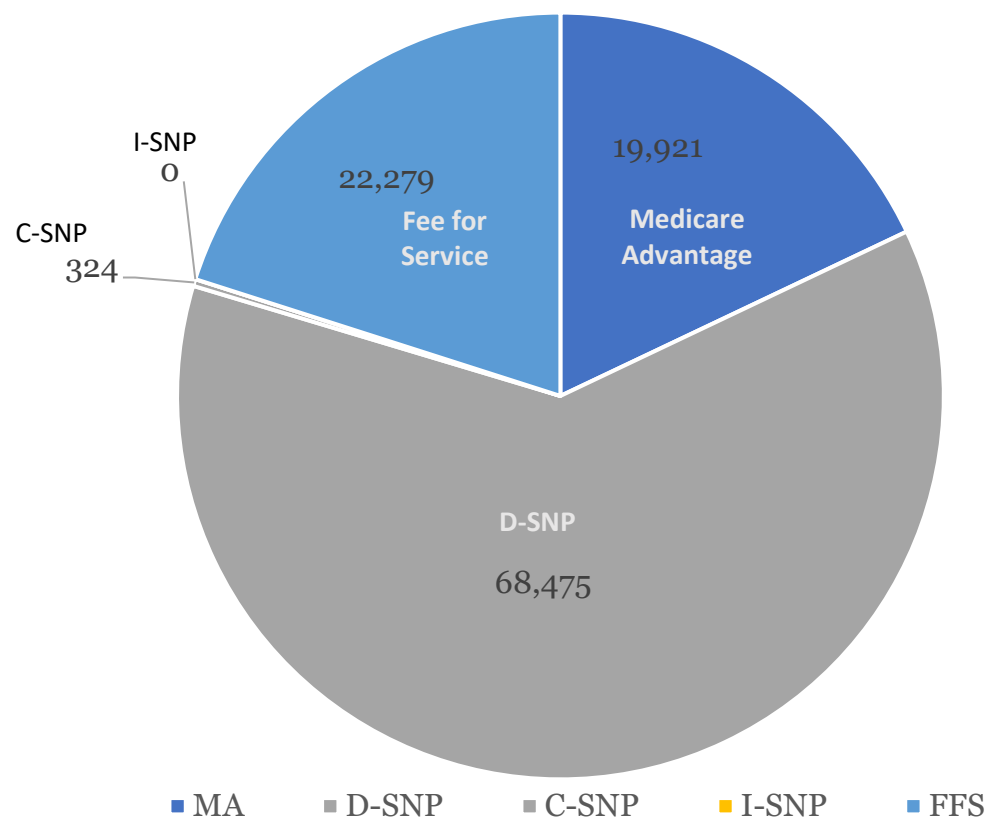
Current State – Dually Eligible Beneficiaries

D-SNP H Contract	Sponsor Organization	Type of D-SNP	Service Area	Enrollment
H1889	UnitedHealthcare	CO	Statewide	3,567
H1947-001	Healthy Blue	CO	Select parishes	2,204
H1947-003	Healthy Blue	CO	Select parishes	190
H1951-032	Humana	CO	Select parishes	5,523
H1951-041	Humana	CO	Statewide	4,268
H1951-056	Humana	CO	Statewide	12,405
H1951-057	Humana	CO	Statewide	31,785
H1961-003	Peoples Health	CO	Statewide	17,856
H1961-019	Peoples Health	CO	Statewide	19,691
H2491-011	Wellcare	CO	Select parishes	2,255
H2491-012	Wellcare	CO	Select parishes	3,294
H2491-022	Wellcare	CO	Select parishes	40
H2491-025	Wellcare	CO	Select parishes	483

D-SNP H Contract	Sponsor Organization	Type of D-SNP	Service Area	Enrollment
H3239-001	Aetna	CO	Select parishes	3,147
H3239-006	Aetna	CO	Select parishes	1,343
H3239-007	Aetna	CO	Select parishes	3,305
H3239-011	Aetna	CO	Select parishes	3,133
H3239-013	Aetna	CO	Select parishes	2,014
H5008	UnitedHealthcare	CO	Statewide	30,020
H5216-330	Humana	CO	Statewide	5,898
H5216-332	Humana	CO	Statewide	6,618
H5521-468	Aetna	CO	Select parishes	814
H5521-469	Aetna	CO	Select parishes	1,298
H5521-472	Aetna	CO	Select parishes	1,171
H5521-473	Aetna	CO	Select parishes	719
H6453	Healthy Blue	CO	Statewide	2,846

Current State – Louisiana Partial Benefit Dual Eligibles

Partial Benefit Dual Eligible Individuals: Enrollment by Medicare Program



Current State – Carve Out Populations, Pharmacy and Dental Service

In Louisiana, specialized behavioral health services and Non-Emergency Medical Transportation (NEMT) services are carved out for dual eligible beneficiaries.

Louisiana carves out the following for dual eligibles:

- Pharmacy
- Long-term Services and Supports (LTSS)—including nursing facility services and Home and Community Based Service (HCBS)—to seniors and to adults with physical disabilities

Current State – Dually Eligible Beneficiaries

Enrollment of Dually Eligible Beneficiaries in Medicaid MCOs	
Do MCOs Enroll Duals?	<p>Yes and no. Louisiana enrolls dual eligibles in Medicaid Fee-For-Service.</p> <p>Louisiana has Coordination Only Dual Special Needs Plans (CO-DSNPs). CO-SNPs in Louisiana do not require aligned enrollment with a MMCO.</p> <p>Partial duals are eligible to enroll in D-SNPs.</p>
Is enrollment Voluntary, Mandatory, auto-assignment?	<p>Louisiana does not have voluntary or mandatory enrollment in D-SNPs.</p> <p>For those that do not choose a Medicaid plan, beneficiaries are auto-assigned to a plan based on an algorithm.</p>
Relevant limitations on FBDE / Partial Enrollment	None
What populations are carved out of Medicaid managed care?	Specialized behavioral health services and Non-Emergency Medical Transportation (NEMT) services
Are there any general limitations on Medicaid enrollment timelines?	Louisiana does not offer year round enrollment in D-SNPs (CO). There is a special election period (SEP) ongoing for the first nine months of the year, with enrollment or plan changes allowed every three months. Beneficiaries can also utilize Medicare enrollment periods to enroll in a CO-DSNP.

Existing D-SNP Regulatory Landscape and MIPPA	
Does State capitate D-SNPs?	Yes, Louisiana has directed payment options for Dual Eligible Special Needs Plans (D-SNPs) that include capitated payments.
Generally, what types of D-SNPs are offered	CO
Does State Mandate EAE for D-SNPs?	No
Is Default Enrollment used?	Yes, default enrollment is permitted when a Medicaid individual becomes eligible for Medicare due to age or disability.
Any relevant Marketing information?	<p>There are six (6) health plans operating in the state as Medicaid Managed Care Organizations (MCOs).</p> <p>There are six (6) Medicare Advantage Organizations operating in Louisiana for D-SNPs.</p> <p>Four (4) health plans are providing both Medicaid and Medicare plans.</p>
Restrictions on service area?	Yes, some MCOs offer coverage for select parishes in Louisiana and some MCOs offer statewide coverage.

Future State 2027

CMS Change	Application to State
<p>Aligned Enrollment - Beginning in 2027, when an MA parent organization offering a D-SNP in a state also holds a Medicaid MCO contract that enrolls dually eligible beneficiaries in the same service area, the D-SNP must limit new enrollment to individuals enrolled in the affiliated MCO</p>	<p>Policy Applied - New enrollment for any parent organization's companion D-SNP will be limited to that parent organization's aligned FBDE beneficiaries. Organizations without a MCO plan operating CO D-SNPs will be unaffected and theoretically could accept FBDEs.</p> <p>Current State - The state does not currently require mandatory enrollment. Louisiana does utilize default, autoassigned enrollment. Louisiana dual eligibles are enrolled in FFS Medicaid, Louisiana has no plans to require exclusively aligned enrollment.</p> <p>Takeaway Impact – Louisiana does not align FBDEs now. Without MCO plans, organizations operating CO D-SNPs will be unaffected and theoretically could accept FBDEs.</p>
<p>Single FBDE D-SNP - With certain exceptions, only one D-SNP serving FBDEs may be offered by a parent organization in the same service area as the aligned Medicaid MCO.</p> <p>CMS will allow cross walking of enrollment between affected D-SNPs intra parent organization (e.g. parent org x CO-DSNP → parent org X HIDE SNP). CMS will also allow operation of HMO and PPO D-SNPs, but parent organization must choose one PBP to serve as target plan for new FBDE enrollment.</p>	<p>Policy Applied – Any parent organization with a companion D-SNP that also operates CO D-SNP will be unable to enroll new FBDEs into their CO D-SNPs. Such parent organizations will be able to crosswalk aligned enrollees from CO D-SNP to companion D-SNP.</p> <p>Current State – Currently, six (6) parent organizations operate CO D-SNPs. Louisiana only offered CO D-SNPs to operate.</p> <p>Takeaway Impact – This policy will not affect Louisiana until or unless the state moves toward managed care for the dual eligible population.</p>

Future State 2027

CMS Change	Application to State
Monthly SEP (Implemented 2025) - Replace the current quarterly special enrollment period (SEP) with a one-time-per month SEP for dually eligible individuals and other LIS eligible individuals to elect into or select a new standalone PDP. This cannot be used to transition between or onto any Medicare Advantage plan, including D-SNPs.	<p>Policy Applied – The Monthly SEP allows all dually eligible individuals – FBDEs and partial duals – to leave a companion D-SNPs or any CO D-SNP and shift onto Original Medicare as well as a standalone Part D plan (PDP).</p> <p>Current State – Louisiana state policy offers a special election period (SEP) ongoing for the first nine months of the year, with enrollment or plan changes allowed every three months. This policy impacts this CMS change.</p> <p>Takeaway Impact – As intended by CMS, this SEP allows for easier election of Original Medicare by any dually eligible enrollee.</p>
Integrated SEP (Implemented 2025) - Creates a new integrated care SEP to allow FBDEs to enroll into or switch between aligned DSNPs monthly. This SEP can only be used to enroll into a FIDE D-SNP, a HIDE D-SNP, or a CO D-SNP that is an AIP. It cannot be used by FBDEs to enroll into non-AIP CO D-SNPs or a standard MA plan.	<p>Policy Applied – FBDEs not already enrolled in a companion D-SNP will be able to enroll into an aligned companion D-SNP monthly. If a beneficiary changes their MCO, then the FBDE can use the Integrated SEP to default enroll into the corresponding companion D-SNP</p> <p>Current State –Louisiana does not currently require exclusively aligned enrollment.</p> <p>Takeaway Impact – This policy will not affect Louisiana as the state does not meet the criteria to offer an integrated SEP.</p>

Future State 2030

CMS Change	Application to State
Exclusively Aligned Enrollment – The D-SNPs chosen to serve FBDEs will only be allowed to enroll aligned FBDEs. All other beneficiaries must be disenrolled	<p>Policy Applied – Companion D-SNPs must actively disenroll any unaligned FBDEs and any remaining partial-benefit duals. New enrollment into will be limited entirely to aligned FBDEs. FBDEs enrolled in CO D-SNPs operated by parent organizations will be disenrolled.</p> <p>Current State – Louisiana does not currently make use of exclusively aligned enrollment.</p> <p>Takeaway Impact – This policy will not affect Louisiana until or unless the state moves toward managed care for the dual eligible population and aligned enrollment.</p>

Appendix – Relevant 2024 Part C and D Rule Regulatory Changes to D-SNP framework

Monthly SEP and Alignment Requirements

Finalized Provisions

Revises the current quarterly SEP for dually eligible and other Part D LIS enrolled individuals to a **once-per-month SEP**:

- Allows duals and other LIS-enrolled individuals to once per month enroll into any standalone PDP.
- **Allows monthly enrollment into FIDE SNPs, HIDE SNPs, and AIPs** for any dually eligible individual who meets the qualifications for such plans. Use of this SEP is subject to state Medicaid enrollment requirements.

Functionally, the two SEP proposals allow duals a monthly election to:

- Leave an MAPD plan for Medicare FFS by enrolling in a standalone PDP
- Switch between PDPs
- Enroll in an *integrated* D-SNP such as HIDE, FIDE, or AIP.

Finalized Provisions

Beginning in 2027, when an MA parent organization offering a D-SNP in a state also holds a Medicaid MCO contract that enrolls dually eligible beneficiaries **in the same service area**, the D-SNP **must limit new enrollment to individuals enrolled in the affiliated MCO**.

With certain exceptions, only 1 D-SNP serving FBDEs may be offered by a parent organization in the same service area as the aligned Medicaid MCO

Beginning in 2030, such D-SNPs must only enroll individuals enrolled in the affiliated Medicaid MCO. Thus, integrated D-SNPs would be required to **disenroll individuals who are not enrolled in both the D-SNP and Medicaid MCO offered under the same parent organization**, except in instances of temporarily lost Medicaid coverage.

State with Medicaid Managed Care

Parent Organization that owns both a Medicaid MCO and a D-SNP enrolling full-benefit duals

Key Point: In instances where the D-SNP service area overlaps with any part of the MCO service area, a parent organization may only offer a single aligned D-SNP that 1) stops enrolling unaligned duals in 2027, and 2) disenrolls any members that are not enrolled in the affiliated MCO in 2030. **The “trigger point” for being beholden to these requirements is a parent organization owning both a D-SNP and MCO in overlapping service areas.**

Notes:

- *MMCO clarified that this requirement applies to ALL D-SNP types with overlapping MCO service areas.*
- *This change does not technically influence beneficiary choice outside of impacting the number of plans available to enroll in. This is NOT default or passive enrollment, which is still subject to state/plan agreement.)*

Exceptions to this requirement:

Scenario	Enrollment	Implications
Parent organization can offer a separate D-SNP in service areas where their MCO has no overlap. Example: The parent organization operates an MCO that only services enrollees in Region 1 of a state. They can continue offering multiple D-SNPs in Regions 2 and 3, where they have no MCO presence, but these plans would only be a CO D-SNP.	These separate D-SNPs will not benefit from the monthly Integrated SEP; they will only be able to enroll beneficiaries during the regular MA enrollment periods.	The “overlapping service areas” is the key trigger point for the parent organization that owns the MCO and the D-SNP to limit membership to aligned enrollment in 2030. Any D-SNP plans in non-overlapping areas would function as CO D-SNPs not subject to the limitation..
Parent organization can offer a separate CO D-SNP for partial benefit duals, even in a service area overlap.	The separate partials-only CO D-SNP cannot enroll full benefit duals and therefore will not benefit from the Integrated SEP. It will only be able to use regular MA enrollment periods.	CO D-SNPs appear to be positioned as the main delivery system for partial duals.
Parent organization can offer one or more additional D-SNPs for full benefit duals in the same service area if the SMAC differentiates enrollment into D-SNPs by age or to align enrollment with that state’s Medicaid program design. Example: In New York, a parent organization can offer one full-benefit D-SNP aligned with their Medicaid MCO and another aligned with the MLTC plan (PIHP covering only BH).	Since both D-SNPs would be permitted to enroll full-benefit duals as integrated plans, it is expected that they would also benefit from the integrated SEP (will clarify with MMCO).	CMS understands providing exceptions for unique state-specific delivery system choices.
Parent organization can offer both a PPO D-SNP and HMO D-SNP in the same service area overlapped with the MCO service area.	The parent organization will have to “choose” either the PPO or HMO to continue to enroll full benefit duals. The other will be closed to new enrollment, and will not benefit from the monthly Integrated SEP.	We anticipate the “other” offering will slowly erode membership as a result.

Enrollment scenarios subject to 2027 / 2030 reqs.

FBDE = Full Benefit Dual Eligible

Plan type	2027	2030
CO D-SNP (in a county where parent organization <u>does NOT</u> have aligned Medicaid MCO)	Newly Enroll: Any partial or full dual eligible Retain Enrollment: Any member already enrolled Enrollment Prohibitions: None Disenrollment: No	Newly Enroll: Any partial or full dual eligible (subject to other State-mandated enrollment prohibitions) Retain Enrollment: Any member already enrolled Enrollment Prohibitions: None Disenrollment: No
CO D-SNP (in a county where parent organization <u>DOES</u> have aligned Medicaid MCO but no other integrated D-SNP)	Newly Enroll: Any duals aligned with Medicaid MCO. Alignment requirement applies to ALL D-SNP types with service overlap. Retain Enrollment: Any member already enrolled. Enrollment Prohibitions: Any unaligned FBDEs. Disenrollment: No	Newly Enroll: Any duals aligned with Medicaid MCO. Retain Enrollment: Any duals aligned with Medicaid MCO. Enrollment Prohibitions: Any unaligned FBDEs. Disenrollment: Yes (FBDE)
CO D-SNP (in a county where parent organization <u>DOES</u> have aligned Medicaid MCO AND separate integrated D-SNP for FBDE)	Newly Enroll: Any partial benefit dual Retain Enrollment: Any member already enrolled Enrollment Prohibitions: Any aligned or unaligned FBDE. <i>In 2027, Only 1 D-SNP per parent organization may serve FBDE in a service area (barring exceptions on previous slide). FBDEs in CO-D-SNP will be permitted to move into affiliated integrated D-SNP via crosswalk exception.</i> Disenrollment: No (crosswalk permitted)	Newly Enroll: Any partial benefit dual Retain Enrollment: Any member already enrolled. <i>Due to 2027 requirements, all FBDE would already be in affiliated integrated D-SNP leaving only partials in the plan.</i> Enrollment Prohibitions: Any aligned or unaligned FBDE Disenrollment: No. compliance with 2027 rules would prevent need for disenrollment.
HIDE / FIDE D-SNP / AIP (in a county where parent organization DOES NOT have aligned plan)	<i>Scenario cannot exist - by 2025 there must be aligned service areas for all HIDE and FIDE (from 2023 c/d rule changes)</i>	
HIDE / FIDE D-SNP / AIP (in a county where parent organization DOES have aligned plan)	Newly Enroll: If selected as the single integrated plan for FBDEs can only newly enroll aligned FBDEs Retain Enrollment: Any member already enrolled Enrollment Prohibitions: Any partial benefit dual, Any unaligned FBDE Disenrollment: No	Newly Enroll: If selected as the single plan for FBDEs can only newly enroll aligned FBDEs Retain Enrollment: Any member already enrolled Enrollment Prohibitions: Any partial benefit dual, Any unaligned FBDE Disenrollment: Yes – any unaligned FBDEs and partial benefit duals

Exceptions to One FBDE Plan Requirement

Restatement of rule: In instances where the D-SNP service area overlaps with any part of the MCO service area, a parent organization may only offer a single aligned D-SNP that 1) stops enrolling unaligned duals in 2027, and 2) disenrolls any members that are not enrolled in the affiliated MCO in 2030. **The “trigger point” for being beholden to these requirements is a parent organization owning both a D-SNP and MCO in overlapping service areas.**

Exceptions to this requirement:

Scenario	Enrollment	Implications
<p>Parent organization can offer a separate D-SNP in service areas where their MCO has no overlap.</p> <p>Example: The parent organization operates an MCO that only services enrollees in Region 1 of a state. They can continue offering multiple D-SNPs in Regions 2 and 3, where they have no MCO presence, but these plans would only be a CO D-SNP.</p>	<p>These separate D-SNPs will not benefit from the monthly Integrated SEP; they will only be able to enroll beneficiaries during the regular MA enrollment periods.</p>	<p>The “overlapping service areas” is the key trigger point for the parent organization that owns the MCO and the D-SNP to limit membership to aligned enrollment in 2030. Any D-SNP plans in non-overlapping areas would function as CO D-SNPs not subject to the limitation..</p>
<p>Parent organization can offer a separate CO D-SNP for partial benefit duals, even in a service area overlap.</p>	<p>The separate partials-only CO D-SNP cannot enroll full benefit duals and therefore will not benefit from the Integrated SEP. It will only be able to use regular MA enrollment periods.</p>	<p>CO D-SNPs appear to be positioned as the main delivery system for partial duals.</p>
<p>Parent organization can offer one ore more additional D-SNPs for full benefit duals in the same service area if the SMAC differentiates enrollment into D-SNPs by age or to align enrollment with that state’s Medicaid program design.</p> <p>Example: In New York, a parent organization can offer one full-benefit D-SNP aligned with their Medicaid MCO and another aligned with the MLTC plan (PIHP covering only BH).</p>	<p>Since both D-SNPs would be permitted to enroll full-benefit duals as integrated plans, it is expected that they would also benefit from the integrated SEP.</p>	<p>CMS understands providing exceptions for unique state-specific delivery system choices.</p>
<p>Parent organization can offer both a PPO D-SNP and HMO D-SNP in the same service area overlapped with the MCO service area.</p>	<p>The parent organization will have to “choose” either the PPO or HMO to continue to enroll full benefit duals. The other will be closed to new enrollment, and will not benefit from the monthly Integrated SEP.</p>	<p>We anticipate the “other” offering will slowly erode membership as a result.</p>

Summary of Questions to MMCO

Monthly SEP

- Is the availability of the monthly integrated SEP subject entirely to limits placed by states on Medicaid enrollment? If Medicaid enrollment is limited to only certain time periods of the year, will the monthly SEP also effectively be limited? – **Yes; intended to facilitate aligned enrollment, thus subject to Medicaid state program limitations (this is separate from LIS SEP).**

Aligned / EAE / Disenrollment requirements

- Confirm that disenrollment will occur from only AIP/HIDE/FIDE SNPs and not CO D-SNPs in aligned counties. – **disenrollment from CO-D-SNPs is possible under limited circumstances. Refer to scenario slide.**
- Will dually eligible individuals that are carved out of managed care (e.g., I/DD enrollees in many states) be required to disenroll from aligned D-SNP in 2030? – **Yes**
- Will these individuals only have traditional MA, CO D-SNP, and Medicare FFS to enroll in? – **Yes. (Essentially treated similar to partial duals)**
- Starting in 2027, will CO D-SNPs in counties where parent has MCO be barred from enrolling aligned and unaligned FBDEs? – **Refer to scenario slide.**
- Once a beneficiary is disenrolled from the D-SNP in 2030, how does CMS envision their reassignment? – **Where they end up after disenrollment will be subject to beneficiary choice; if no choice is made, they'll go to FFS Medicare (and standalone PDP).**
- In states where enrollment in MLTSS/Physical health is regional and/or statewide but Behavioral Health is county-by-county (e.g. PA), can a member enrolled in a physical health plan remain enrolled in the D-SNP without regard to their enrollment in a corresponding aligned behavioral health plan? – **Yes**

Single AIP/HIDE/FIDE

- Does the CFR language of the single plan offering requirement preclude plans from offering CO D-SNPs that enroll any FBDEs in aligned areas – even unaligned FBDE duals? (422.514 (h)(i)) – **Refer to crosswalk scenario on previous slides**
- Is the limitation to enter into contract with only 1 D-SNP for full benefit duals in the same contract area limited at the H-contract level or the PBP level? – **Applicable at parent organization level (thus H-contract level)**