

State Medicaid and Medicare Integration Scenarios – New York

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**

Table of Contents

- **Current State** – Status of Louisiana Medicaid managed care, LTSS/MLTSS, behavioral health managed care, and Medicare D-SNP delivery systems today
- **Future State 2027** – Implications of 2024 Part C and D Rule Changes to Louisiana assuming maintenance of status quo in Current State
- **Future State 2030** - Implications of 2024 Part C and D Rule Changes to Louisiana assuming maintenance of status quo from current state and anticipated 2027 changes
- **Appendix** – Relevant background on 2024 Part C and D Rule Changes to D-SNP Regulatory Environment

Current State – New York’s Medicaid Managed Care Program Overview

New York has a complicated Medicaid managed care delivery program that is split across a range of plan types. Plan types can differ on services, populations covered, and geography. **Importantly, plans can operate in multiple programs under combined contracts and across multiple counties.**

Relevant plan types:

- **Medicaid Managed Care (MMC)** – Medicaid managed care plans serving the full range of physical health Medicaid managed care services.
- **Managed Long Term Care (MLTC)** – Medicaid plans delivering MLTSS services. Include both dual and non-dual populations. Three types – partial capitation (LTSS only), PACE, and MAP.
- **Medicaid Advantage Plus (MAP)** – A version of MLTC that is a FIDE SNP. Includes MLTSS coverage and Medicaid behavioral health coverage.
- **Health and Recovery Plans (HARP)** – MMC plans serving the full range of physical health and behavioral health services.
- **Integrated Benefits for Dually Eligible Enrollees (IB-Dual program)** – Medicaid and Medicare coverage for dually eligible beneficiaries not otherwise eligible for LTSS who are in MMC/HARP.
- **HIV Special Needs Plans (HIV SNP)** – An alternative to MMCs that focus on Medicaid beneficiaries with HIV.



Current State – MLTC, MAP, and IB-Dual Enrollment Eligibility

Plan Type	Eligibility Criteria	Relevant Exclusions	Services
Managed Long Term Care (MLTC)	<p>Mandatory - FBDE individuals who are 21+ and are assessed as needing community based LTC services for more than 120 days MUST enroll</p> <p>Voluntary –</p> <ul style="list-style-type: none"> • Dual eligible individuals ages 18-20 who have been assessed at nursing home LOC and also assessed as needing HCBS for more than 120 days • Non-duals 18+ who have been assessed as nursing home level of care and also assessed as needing HCBS for more than 120 days 	Residents of psychiatric facilities, IDD, residents of assisted living, foster care, individuals with long-term nursing home designation	Medicaid LTSS via Medicaid MLTC plan and full Medicare benefits via D-SNP
Medicaid Advantage Plus (MAP)	FBDEs who are 18+ and eligible for nursing home LOC and also assessed as needing HCBS for more than 120 days	Partial duals are excluded	Full Medicaid benefits (LTSS + Behavioral health) in addition to Medicare benefits via a single plan FIDE SNP
IB-Dual	FBDE or partial duals enrolled in Medicaid FFS, MMC or HARP plan who do NOT require LTSS	Any dual eligible receiving LTSS	Full physical health and/or behavioral health Medicaid benefits via MMC/HARP/FFS as well as full Medicare benefits via D-SNP

Current State – Summary of Relevant Plans By Type

MEDICAID ONLY			STATE DUAL PROGRAMS (Not exhaustive list of D-SNPs)	
MMC (physical health)	HARP (physical + behavioral)	MLTC - Partial Cap (LTSS)	MAP (FIDE SNP)	IB-Dual (HIDE SNP)
Anthem Blue Cross and Blue Shield HP (Empire)	Anthem Blue Cross and Blue Shield (Empire)	Anthem BlueCross BlueShield HealthPlus	Anthem HealthPlus Duals	Empire
Capital District Physicians' Health Plan, Inc.	Capital District Physicians' Health Plan Inc.	X	X	X
Excellus Health Plan, Inc	Excellus Health Plan Inc.	X	X	Excellus
HealthFirst PHSP	HealthFirst PHSP	Senior Health Partners	Healthfirst CompleteCare	Healthfirst
Highmark	Highmark	X	X	X
Health Insurance Plan of Greater New York (EmblemHealth)	Health Insurance Plan of Greater New York (EmblemHealth)	X	X	EmblemHealth
Independent Health Insurance Association, Inc. (Medisource)	Independent Health Insurance Association, Inc.	X	X	X
MetroPlus Health Plan, Inc.	MetroPlus Health Plan, Inc.	MetroPlus Health Ultracare	MetroPlus Health Ultracare	MetroPlus
Affinity (Molina)	Affinity (Molina)	Senior Whole Health of New York MLTC	Senior Whole Health of New York MAP	Molina
MVP Health Plan, Inc	MVP Health Plan, Inc	X	X	MVP
New York Quality Healthcare Corporation (Fidelis)	New York Quality Healthcare Corporation (Fidelis)	Fidelis Care at Home	Wellcare Fidelis Dual Plus	Fidelis
UnitedHealthCare of New York	UnitedHealthCare of New York	X	X	UnitedHealthcare
		Aetna Better Health	X	X
		ArchCare Community Life	X	X
		HomeFirst, a product of Elderplan, Inc.	Elderplan Plus Long-Term Care	X
		Hamasplik Choice	Hamasplik Medicare Choice	X
		Evercare Choice	X	X
		iCircle Care	X	X
		Kalos Health	X	X
		Nascentia Health	X	X
		RiverSpring at Home	RiverSpring MAP	X
		VillageCareMAX	VillageCare MAX Medicare Total Advantage	X
		Centers Plan for Healthy Living	Centers Plan for Medicaid Advantage Plus	X
		VNSNY CHOICE Managed Long Term Care	VNSNY CHOICE Total	X

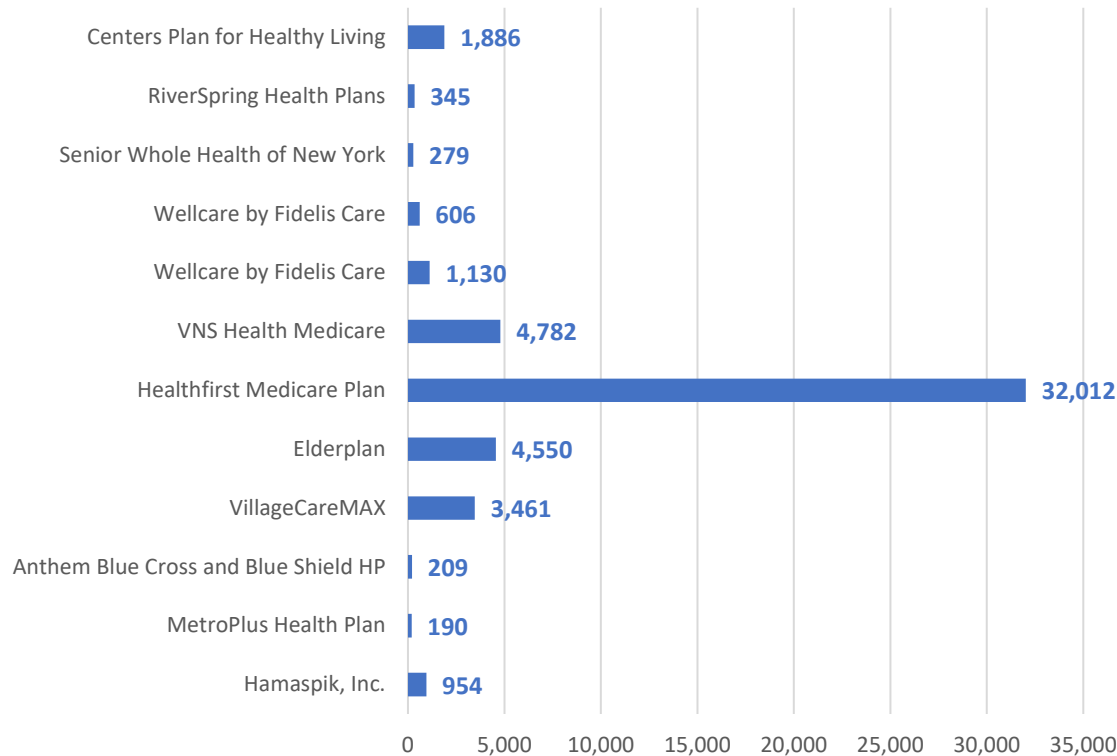
Current State – Relevant Regulatory Landscape

Enrollment of Dually Eligible Beneficiaries in Medicaid MCOs	
Do MCOs Enroll Duals?	<p>Yes. MLTC, MAP, MMC, and IB-Dual plans enroll dually eligible beneficiaries.</p> <p>MAP plans are limited to FBDE because they require eligibility for LTSS.</p>
Is Medicaid enrollment Voluntary, Mandatory, auto-assignment?	<p>MMC – Enrollment is mandatory and performed via auto-assignment.</p> <p>MLTC – Enrollment is mandatory for certain dual in mandatory enrollment counties and voluntary for other populations. MLTC includes any FBDE dual who is assessed as needing HCBS of more than 120 days.</p>
What populations are carved out of Medicaid managed care?	<p>MLTC exclusions - IDD, BCCPT, Foster Care, residents of SUD long-term residential programs.</p> <p>IDD Duals were included in FIDA-IDD MMP demo but were transitioned to MAP</p> <p>MAP – MAP plans can enroll IDD beneficiaries but do not cover key IDD services (Long-term Therapies, day treatment, Medicaid Service Coordination, HCBS waiver services)</p>
Are there any general limitations on Medicaid enrollment timelines?	<p>All MMC enrollees residing in mandatory enrollment counties have a 12-month lock-in period with an initial 90 day grace period to disenroll. Disenrollment outside grace period and inside lock-in period can only be for good cause.</p>

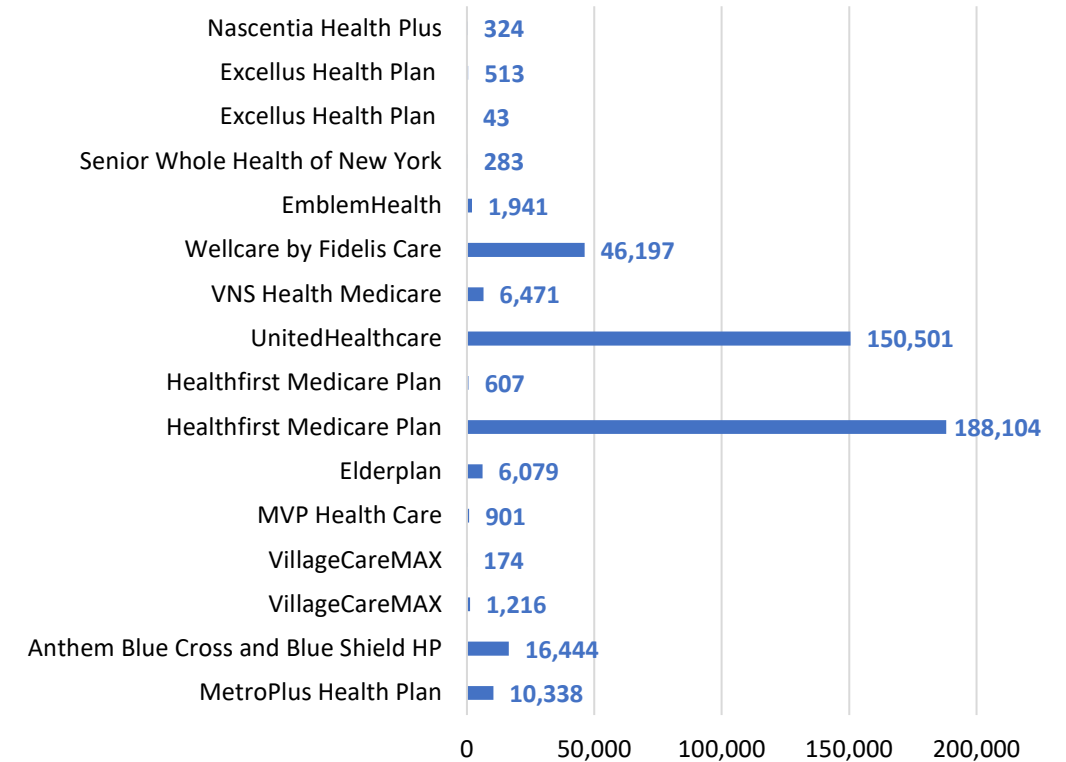
Existing D-SNP Regulatory Landscape and MIPPA	
Does State capitate D-SNPs?	No.
Generally, what types of D-SNPs are offered	<p>FIDE / HIDE / CO</p> <p>Note: Current SMAC agreement states NY will not accept applications for now CO D-SNPs.</p>
Does State Mandate EAE for D-SNPs?	Yes. EAE is used for FIDE SNPs in the MAP program
Relevant limitations on FBDE / Partial Enrollment	<p>A D-SNP serving Medicaid FFS and/or MLTC partial cap members can enroll full / partial duals</p> <p>A HIDE SNP aligned with IB-DUAL for MMC/HARP can enroll partial or FBDE. IB-DUAL D-SNPs may extend to FFS duals option to enroll in aligned MMC/HARP plan</p> <p>A FIDE D-SNP aligned with MAP must have EAE</p>
Is Default Enrollment used?	<p>Yes – MMCs and HARPs are eligible for default enrollment. Partial MLTC is not considered “comprehensive Medicaid plan” under federal regulations (viewed as PIHP) and thus not eligible.</p> <p>FBDEs in need of LTSS default enroll into companion MAP plans. FBDEs not in need of LTSS may default enroll into IB-Dual Program.</p>
Restrictions on service area?	All HIDE and FIDE SNPs must have service areas coextensive with any aligned MCO (per previously issues CMS regulation)

Current State – FIDE and HIDE SNP Enrollment

TOTAL FIDE SNP ENROLLMENT BY PLAN

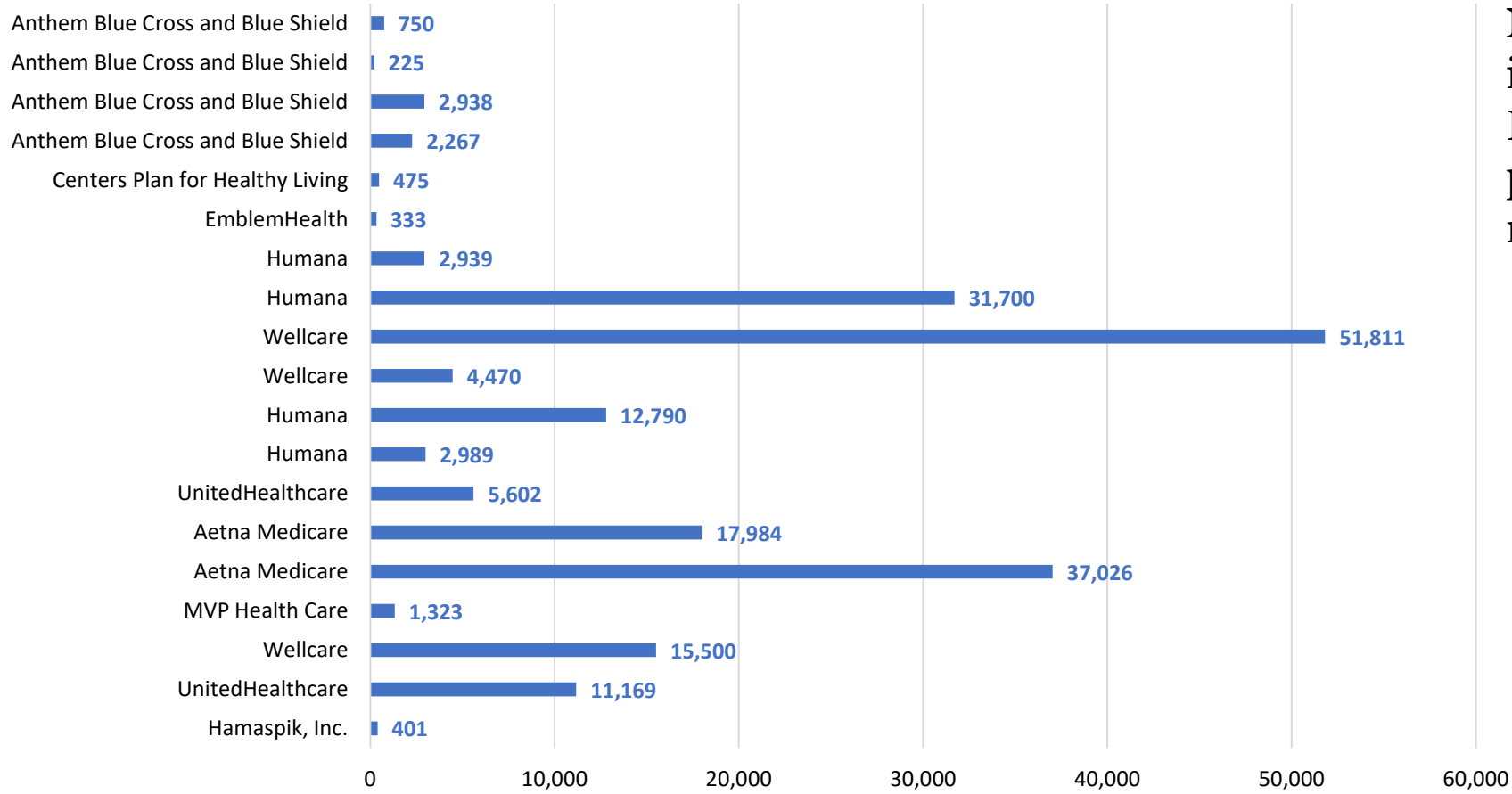


TOTAL HIDE SNP ENROLLMENT BY PLAN



Current State – CO D-SNP Enrollment

TOTAL CO D-SNP ENROLLMENT BY PLAN



NOTE: Current NY SMAC is not permitting new CO D-SNPs and is not permitting the creation of new CO D-SNPs

Future State 2027

CMS Change	Application to State
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>Policy Applied - New enrollment into aligned MLTC / MAP / IB-Dual D-SNPs, in addition to any other aligned D-SNPs, will be limited to aligned beneficiaries – <i>regardless if they are partial or FBDE</i>.</p> <p>Current State - The state currently applies EAE for FBDEs to MAP plans. MLTC and IB-Dual D-SNPs can currently enroll both partial and FBDE. In all cases the state requires plans to use default enrollment where possible. The state does permit FFS Medicaid enrolls to enroll into IB-Duals. NY is also barring the creation of new CO D-SNPs but will allow existing CO D-SNPs to continue.</p> <p>Takeaway Impact –</p> <ul style="list-style-type: none">• MAP- Limited impact due to existing EAE requirements.• IB-Dual – Definite impact given that enrollment in these plans is a mixture of aligned beneficiaries as well as FFS Medicaid (unaligned). The impact will be limited by the required use of default enrollment, but there is no explicit aligned enrollment requirement.• MLTC – Definite impact given that enrollment in these plans is not currently limited to aligned beneficiaries and permits FFS enrolment (unaligned). The impact will be limited by the required use of default enrollment, but there is no explicit aligned enrollment requirement.• CO D-SNPs - Parent organizations operating qualifying Medicaid plans in service areas overlapping with their CO D-SNPs will be prevented from enrolling unaligned duals. Parent organizations without Medicaid plans will be unaffected.

Future State 2027

CMS Change	Application to State
<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 – Parent organizations operating in more than one of the MAP / MLTC / IB-Dual programs would be required to choose. However, New York will likely benefit from the exceptions to this single plan requirement because it runs contrary to state intent in the SMACs. It is unclear if the exception will allow the current three programs to stay as-is.</p> <p>Current State – Multiple parent organizations operate several overlapping plans that serve FBDEs via the MAP / MLTC / IB – Dual programs.</p> <p>Takeaway Impact – While New York is a likely beneficiary of one of the key exceptions to the single plan requirement, the extent to which that exception applies remains to be seen. The language of the exception depends heavily on how the state in question structures the eligible populations. If New York is able to convince MMCO that the current three program structure serves its purpose, then it may stand. As a consequence, NY may be one of the few states where parent organizations remain able to offer multiple plans serving FBDEs. The state’s approach may also be a model to other states interested in that outcome.</p> <p>CO D-SNPs operated by Parent Organizations participating in MLTC / MAP / IB-Dual will likely have to crosswalk FBDE enrollees from their CO D-SNPs into one of the existing plans.</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 D-SNPs and shift onto Original Medicare as well as a standalone Part D plan (PDP).</p> <p>Current State – No state policy precludes or otherwise 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. NY D-SNPs may lose members to Original Medicare on a monthly basis. This policy will already be in effect in 2027 (implemented in 2025)</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 an aligned MAP / MLTC / IB-Dual or other D-SNP will be able to use this SEP to achieve aligned enrollment.</p> <p>Current State –New York generally already seeks to maximize aligned enrollment via the use of EAE for MAP and default enrollment nearly all other D-SNPs. Importantly, beneficiaries in MMC plans do have a 12 month lock in period.</p> <p>Takeaway Impact – Current FBDEs in Original Medicare can use this SEP to enroll into aligned D-SNPs. PACE beneficiaries can use this SEP to enroll into aligned D-SNPs, but they must first elect to enroll into MMC. Beneficiaries who have newly enrolled into an MMC plan and that plan’s aligned D-SNP but want to switch to a different D-SNP will likely be prohibited from doing so during the lock in period.</p> <p>FBDEs that are otherwise carved out of MLTC / MAP (e.g. IDD) cannot use this SEP as they would not be able to achieve aligned enrollment.</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 – Plans operating in the MAP / MLTC / IB-Dual programs or any other D-SNP permitted to serve FBDEs in 2027 will have to limit their entire enrollment to aligned FBDEs.</p> <p>Current State – The “current state” in 2030 will depend on the extent to which MMCO has permitted NY to make use of the exception to the single plan requirement. However, assuming that MMCO has permitted the MAP / MLTC / IB-Dual programs to coexist, those plans will continue to have partial and/or FFS beneficiaries enrolled in them.</p> <p>Takeaway Impact – The main relevant factor will be whether MMCO continues to permit enrollment of FFS duals, partial duals, and any remaining populations otherwise excluded (e.g. IDD) in these plans moving forward. Banning new enrollment of partials and FFS beneficiaries runs contrary to the intent of the programs as outlined by NY, but MMCO has not created an exception to the EAE requirement in the same way that it did for the single plan FBDE requirement.</p>

Primary Considerations – New York

- New York's approach of intentionally allowing multiple programs to serve FBDEs is likely to benefit from (and likely in part inspired) CMS' exceptions to the 1 plan requirement. However, it remains to be seen if the exception will allow the status quo (MAP / MLTC / IB-Dual) to stand – particularly in 2030 when the exclusively aligned enrollment requirement kicks in.
- Carved out populations (IDD, SUD, BCCPT, etc.) will be excluded from aligned plans by 2030 and will not be able to use new integrated care SEP.
- The future of the CO D-SNP market is uncertain. NY is currently not allowing new CO D-SNPs. However, MMCO has expressed a preference for transitioning partial duals into CO D-SNPs. Unclear if NY adjusts that approach or continues to direct partial duals to the MLTC / IB-Dual programs.
- Significant numbers of duals are concentrated in a small number of D-SNPs. Any disenrollment or adjustments to the NY duals program could lead to significant market adjustments
- The integrated care SEP's efficacy is limited by NY's lock in provisions.

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)**