

State Medicaid and Medicare Integration Scenarios – Pennsylvania

National
MLTSS

National Health Plan Association

Special Needs _____
_____ Plan Alliance

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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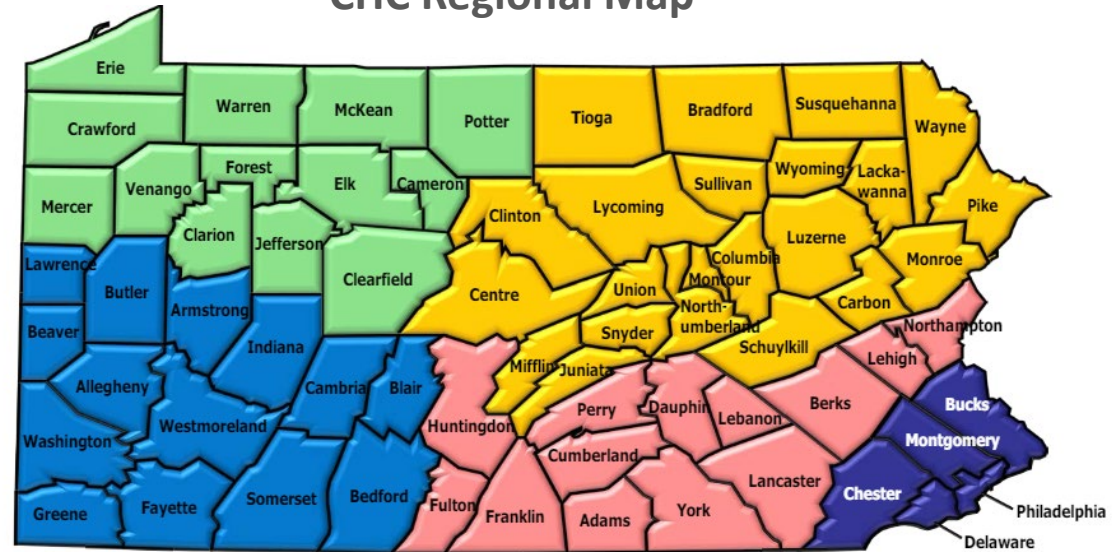
- **Current State** – Status of Louisiana Medicaid managed care, LTSS/MLTSS, behavioral health managed care, and Medicare D-SNP delivery systems today
- **Future State 2027** – Implications of 2024 Part C and D Rule Changes to Louisiana assuming maintenance of status quo in Current State
- **Future State 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 – Pennsylvania’s Medicaid Managed Care Program Overview

HealthChoices is the name of Pennsylvania’s mandatory Medicaid managed care program, which consists of 3 somewhat independent parts:

- 1) Physical HealthChoices – Physical health
 - Primary delivery system for non-behavioral and non-LTSS services to non-dual Medicaid beneficiaries.
- 2) Community HealthChoices – MLTSS
 - Delivery system for LTSS-eligible Medicaid beneficiaries, including dually-eligible beneficiaries
- 3) Behavioral HealthChoices – Mental health, drug/alcohol services
 - Stand-alone managed care entities with separate MCO contracts operating on a county basis with county-based state entities

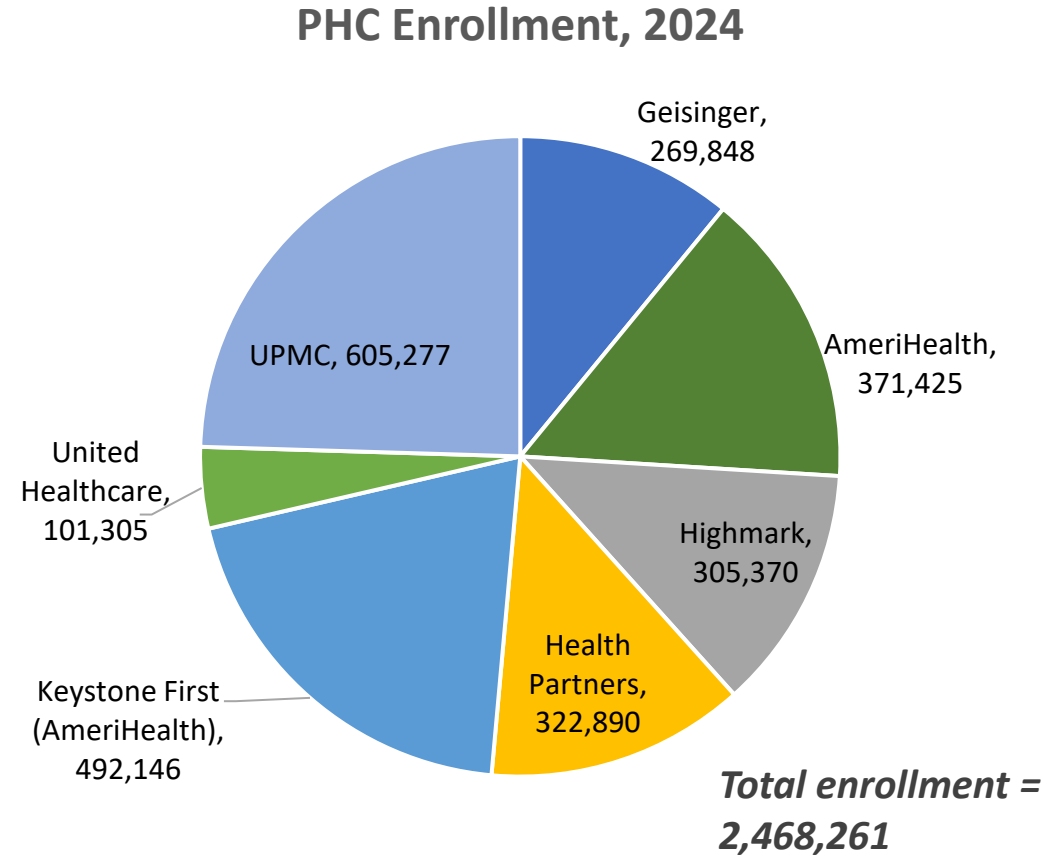
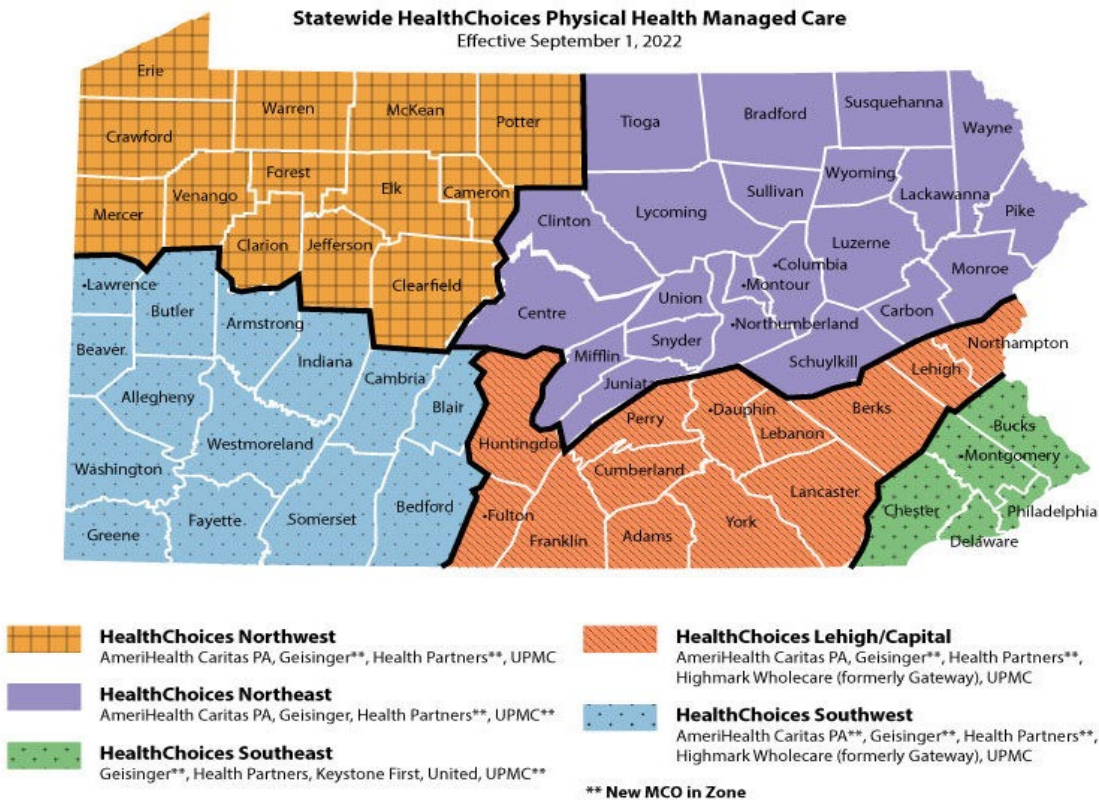
Physical HealthChoices and CHC Regional Map



[Source](#)

Current State – Physical HealthChoices

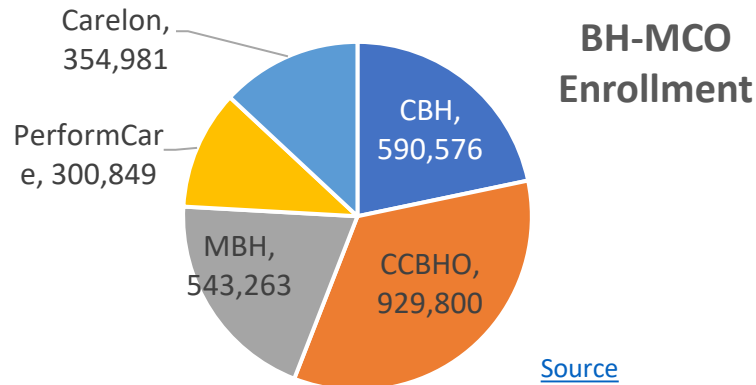
Physical HealthChoices (PHC) is the physical health component of the HealthChoices program. Covered services include doctor visits, preventative care, hospital care, prescription drugs, emergency services, specialty care, rehabilitation services, vision and dental care.



Current State – Behavioral HealthChoices

Behavioral HealthChoices is the behavioral health component of the HealthChoices program that provides mental health and substance abuse services to consumers. BH-MCOs manage behavioral health diagnostic, assessment, referral and treatment. They do NOT cover physical or LTSS services and BH-MCOs must instead coordinate with CHC and Physical Health plans.

Eligibility
<ul style="list-style-type: none"> • TANF • Healthy Horizons (Medical assistance program for aged, blind, or disabled and 65 and older) • SSI with Medicare • SSI without Medicare • SSI-related • State-only GA • Eligible groups under MAGI • Medicaid expansion population



BH-MCO	Counties Served
Community Behavioral Health (CBH)	Philadelphia
Community Care Behavioral Health Organization (CCBHO – UPMC)	Adams, Allegheny, Bedford, Bradford, Berks, Blair, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Delaware, Elk, Erie, Forest, Greene, Huntingdon, Jefferson, Juniata, Lackawanna, Luzerne, Lycoming, McKean, Mifflin, Montour, Monroe, Northumberland, Pike, Potter, Schuylkill, Snyder, Sullivan, Somerset, Susquehanna, Tioga, Union, Warren, Wayne, Wyoming, York
Magellan Behavioral Health of Pennsylvania (MBH - Centene)	Bucks, Lehigh, Montgomery, Northampton, Cambria
PerformCare (AmeriHealth)	Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry
Carelon Health of PA, Inc. (formerly Beach Health Options)	Armstrong, Beaver, Butler, Crawford, Fayette, Indiana, Lawrence, Mercer, Washington, Westmoreland, Venango

Current State – Pennsylvania MLTSS Program (*prior to 2024 award*)

Community HealthChoices (CHC) is Pennsylvania’s mandatory state-wide managed care program for dually eligible individuals and individuals with physical disabilities. **All CHC plans must offer a D-SNP. Companion D-SNPs are only eligible to enroll FBDEs. CHC has made new award announcements, but they are not final.**

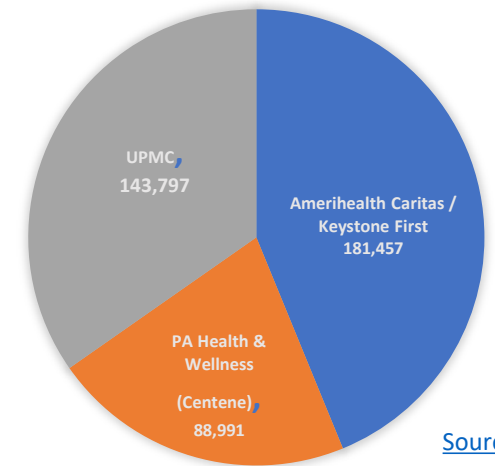
Eligibility

- Are 21 years old or over and are:
- Receiving both Medicare and Medicaid (*full benefit only*); or
- Receiving LTSS in the Attendant Care, Independence, or Aging waivers; or
- Receiving services in the OBRA waiver AND determined nursing facility clinically eligible; or
- Receiving care in a nursing home paid for by Medicaid.
- Individuals with an intellectual or developmental disability who are receiving services through the DHSs Office of Developmental Programs are not eligible.

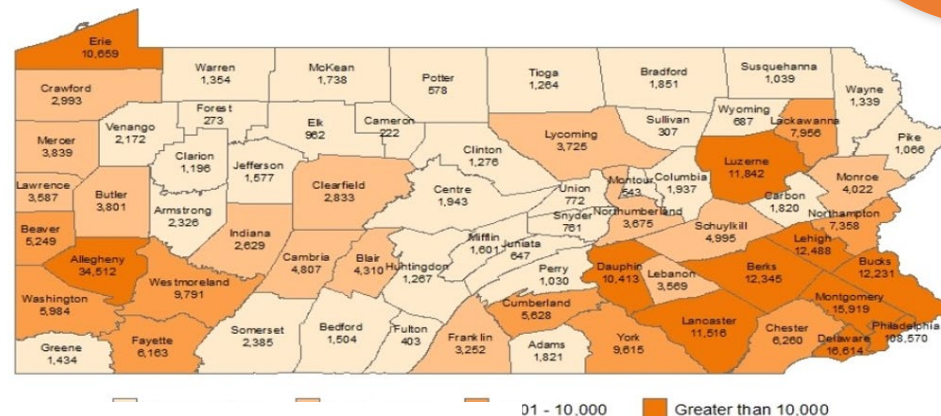
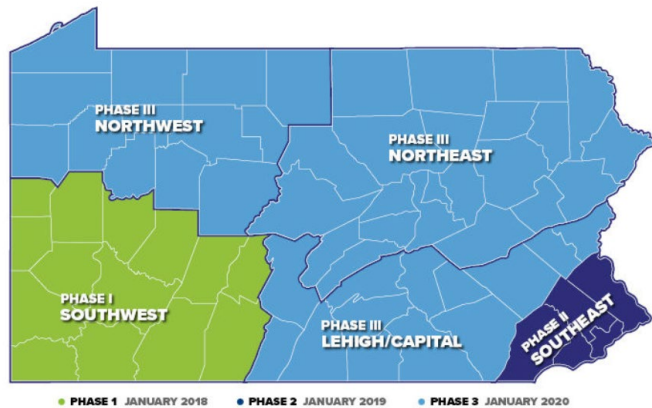
Benefits

CHC covers the same basic physical health benefits that are part of the Medicaid Adult Benefit Package. If beneficiaries are eligible for LTSS, they can also receive all services now available in waivers offered by the Office of Long-Term Living.

CHC Enrollment, Sept 2023



[Source](#)



Current State – Dually Eligible Beneficiaries

Enrollment of Dually Eligible Beneficiaries in Medicaid MCOs	
Do MCOs Enroll Duals?	FBDEs are required to enroll in CHC Partial duals are not eligible for CHC
Is enrollment Voluntary, Mandatory, auto-assignment?	Enrollment for FBDEs into CHC is mandatory but FBDEs can opt-out.
Relevant limitations on FBDE / Partial Enrollment	MIPPA allows enrollment of partial duals, but not in companion CHC D-SNPs
What populations are carved out of Medicaid managed care?	IDD / Autism waivers
Are there relevant services carved out of managed care?	
Are there any general limitations on Medicaid enrollment timelines?	PA allows year-round enrollment changes in CHC

Existing D-SNP Regulatory Landscape and SMAC Details	
Does State capitate D-SNPs?	No
Generally, what types of D-SNPs are offered	FIDE / HIDE / CO
Does State Mandate EAE for D-SNPs?	EAE isn't technically required in MIPPA –duals can enroll in unaligned companion D-SNPs
Is Default Enrollment used?	Yes – SMAC requires D-SNPs to avail themselves of default enrollment Similarly, a newly-eligible CHC beneficiary who is already enrolled in a CHC companion D-SNP will be default enrolled into the aligned CHC MCO
Any relevant Marketing information?	State limits marketing activity to aligned membership of CHC-MCOs No explicit restrictions on CO-DSNPs
Restrictions on service area?	Yes – Companion D-SNPs must have the same services area as CHC-MCO No explicit restrictions on CO-DSNPs

Current State – Dually Eligible Beneficiaries

D-SNP H Contract	Sponsor Organization	Type of D-SNP	Service Area	Enrollment	D-SNP H Contract	Sponsor Organization	Type of D-SNP	Service Area	Enrollment
H4227	Keystone (AmeriHealth)	HIDE	Statewide (aligned with CHC-MCO)	17069	H1889	United	CO		4741
H4227	AmeriHealth	HIDE	Statewide (aligned with CHC-MCO)	17069	H3113	United	CO		24720
H4279	UPMC	FIDE	Statewide (aligned with CHC-MCO)	39386	H3113	United	CO		24720
H4279	UPMC	FIDE	Statewide (aligned with CHC-MCO)	39386	H3959	Aetna	CO		68774
H7123	UPMC	FIDE	Statewide (aligned with CHC-MCO)	39386	H3959	Aetna	CO		68774
H2128	Wellcare (Centene)	CO		1021	H5522	Aetna	CO		934
H2915	Wellcare (Centene)	FIDE	Statewide (aligned with CHC-MCO)	7608	H5932	Highmark	CO		38220
H2915	Wellcare (Centene)	FIDE	Statewide (aligned with CHC-MCO)	7608	H5932	Highmark	CO		38220
H3949	Cigna	CO		10947	H5932	Highmark	CO		38220
H6622	Humana	CO		10147	H5932	Highmark	CO		38220
H6622	Humana	CO		10147	H9207	Health Partners (Jefferson)	CO		7973
H5216	Humana	CO		4943	H9207	Health Partners (Jefferson)	CO		7973
H5216	Humana	CO		4943	H3954	Geisinger	CO		9724

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 CHC companion D-SNP will be limited to that parent organization’s aligned FBDE beneficiaries. Organizations without a CHC MCO plan operating CO D-SNPs will be unaffected and theoretically could accept FBDEs.</p> <p>Current State - The state currently requires mandatory enrollment of FBDEs into CHC and requires CHC companion D-SNP plans to utilize default enrollment. New enrollees in CHC companion plans are likely nearly all aligned. However, state allows FBDEs to opt out of mandatory enrollment and does not require exclusively aligned enrollment. Unaligned enrollment can occur but is limited.</p> <p>Takeaway Impact – New enrollees into CHC companion D-SNPs are already likely to be aligned FBDEs and thus the aligned enrollment change should have limited impact on these plans. Organizations without a CHC MCO plan operating CO D-SNPs will be unaffected and theoretically could accept FBDEs. However, most FBDEs are already aligned to CHC companion plans.</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 CHC companion D-SNP that also operates CO D-SNP will be unable to newly enroll FBDEs into their CO D-SNPs. Such parent organizations will be able to crosswalk aligned enrollees from CO D-SNP to CHC companion D-SNP.</p> <p>Current State – Currently, no CHC parent organizations operate any other D-SNP. New 2024 CHC awardees (pending challenge) that do operate CO D-SNPs. It is in the state’s discretion to continue to allow these CO D-SNPs to operate.</p> <p>Takeaway Impact – Existing CHC parent organizations will be unaffected but for their inability to operate any new D-SNPs that serve FBDEs. Currently enrolled FBDEs who are otherwise carved out from CHC program (i.e. IDD / Autism populations) can stay enrolled. New awardees that operate separate CO D-SNPs will be unable to newly enroll FBDEs into their existing CO D-SNPs. They will also cross walk aligned FBDE enrollees from their CO D-SNPs to CHC companion D-SNPs. The state may choose to not renew existing CO D-SNPs of new awardees prior to 2027. Parent organizations without a CHC companion plan will be unaffected</p>

Future State 2027

CMS Change	Application to State
<p>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>	<p>Policy Applied – The Monthly SEP allows all dually eligible individuals – FBDEs and partial duals – to leave CHC 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 – 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. CHC companion D-SNPs and any CO 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>
<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>	<p>Policy Applied – FBDEs not already enrolled in a CHC companion D-SNP will be able to enroll into an aligned CHC companion D-SNP monthly. If a beneficiary changes their CHC MCO plan, then the FBDE can use the Integrated SEP to default enroll into the corresponding CHC companion D-SNP</p> <p>Current State – Through the use of default enrollment and default CHC enrollment, the state already seeks to maximize aligned enrollment, but does not currently require exclusively aligned enrollment. Beneficiaries are permitted to change their CHC plan whenever they want and thus can maximize the use of this monthly integrated SEP.</p> <p>Takeaway Impact – Current FBDEs in Original Medicare can use this SEP to enroll into aligned CHC companion D-SNPs. PACE beneficiaries can use this SEP to enroll into CHC companion D-SNPs, but they must first elect to enroll into CHC and elect a CHC MCO. FBDEs currently enrolled in aligned CHC companion D-SNPs can use this to switch into a different CHC companion D-SNP, but they must first elect a new CHC MCO plan, which they can do at any time. FBDEs that are otherwise carved out of CHC (IDD / Autism) cannot use this SEP as they would not be achieving aligned enrollment. This policy will already be in effect in 2027 (implemented in 2025)</p>

Future State 2030

CMS Change	Application to State
<p>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>	<p>Policy Applied – CHC companion D-SNPs must actively disenroll any unaligned FBDEs and any remaining partial-benefit duals. New enrollment into CHC companion D-SNPs will be limited entirely to aligned FBDEs. FBDEs enrolled in CO D-SNPs operated by parent organizations participating in CHC will be disenrolled.</p> <p>Current State – The state does not currently make use of exclusively aligned enrollment, but does use default enrollment and limits enrollment into CHC to FBDEs. Thus, the state achieves significant aligned enrollment already. The state does not categorically exclude unaligned enrollment into companion D-SNPs or into CO D-SNPs.</p> <p>Takeaway Impact – CHC companion D-SNPs will actively disenroll any unaligned beneficiary – including both full-benefit and partial-benefit. This includes any remaining populations otherwise excluded from CHC (IDD / Autism). Those beneficiaries will not be eligible to avail themselves of the integrated SEP since they cannot achieve alignment. If new CHC awardees are permitted to continue to operate their CO D-SNPs, they will be required to disenroll any FBDEs remaining in their plans (as required in 2027).</p>

Primary Considerations – Pennsylvania

- Pennsylvania's current strategy to limited integrated plans to companion CHC D-SNPs mitigates much of the impact of the aligned and EAE requirements.
- Primary impact of the new regulations will be felt by any parent organizations that are new winners of CHC procurement that are also permitted to continue to operate CO D-SNPs.
- 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.

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
<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 (will clarify with MMCO).</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>

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 <i>and</i> 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 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.</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)**