

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 – Tennessee's Medicaid Managed Care Program Overview

Tennessee's Medicaid managed care program is called **TennCare**. It's the only Medicaid program in the United States that enrolls the entire state's Medicaid population in managed care. Medicaid Managed Care Organizations (MCOs) offer both a TennCare CHOICES plan and a D-SNP.

TennCare covers:

- Medical
- Behavioral
- Pharmacy
- CHOICES provides 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.
- ECF Choices—services for people of all ages who have an intellectual or developmental disability (I/DD). This includes people who have significant disabilities.

This requirement created an aligned platform that allows one organization to coordinate an enrollee's Medicare and Medicaid services. Currently, the state has six D-SNPs, three of which operate companion MLTSS plans.



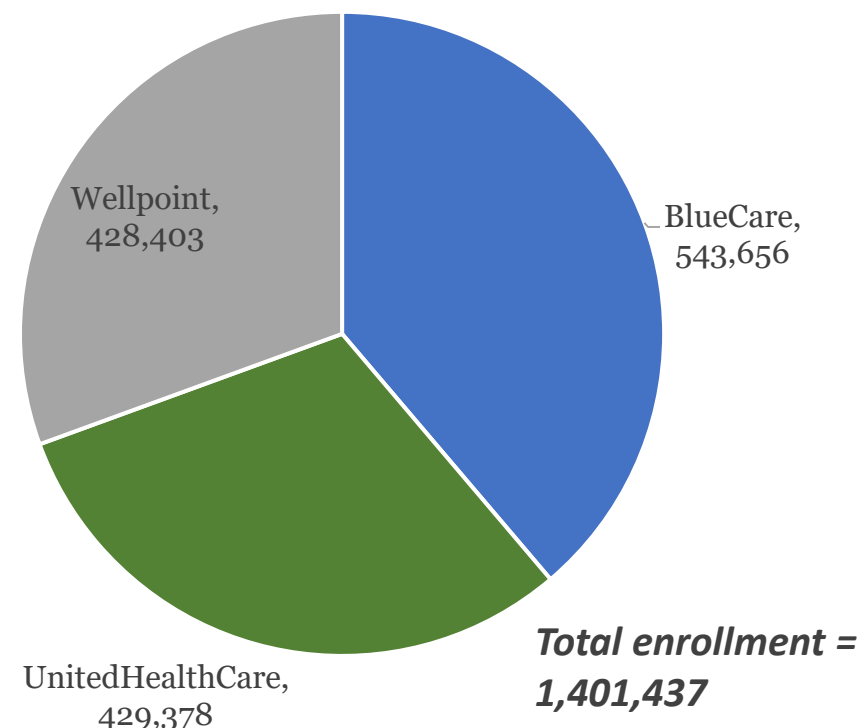
Current State – Tennessee TennCare

TennCare integrates physical health and behavioral health components. Behavioral health services are carved in, which means there is no parallel program for persons with severe and persistent mental illness. Full integration of Behavioral Health Services with physical health care.

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

MCO Regions	Counties Served
West Tennessee	Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Shelby, Tipton and Weakley
Middle Tennessee	Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson
East Tennessee	Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union and Washington

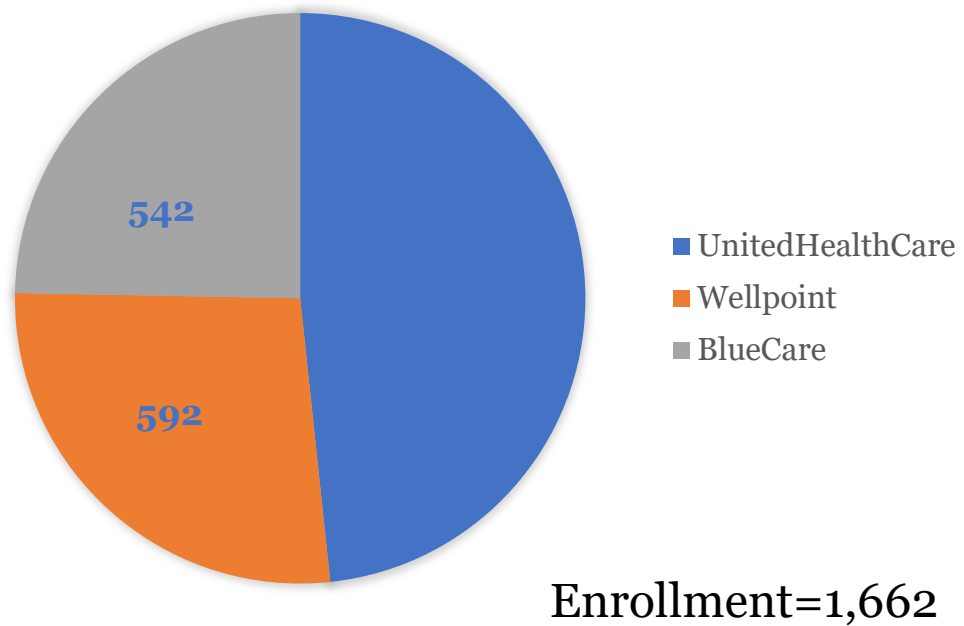
TennCare Enrollment, 2024



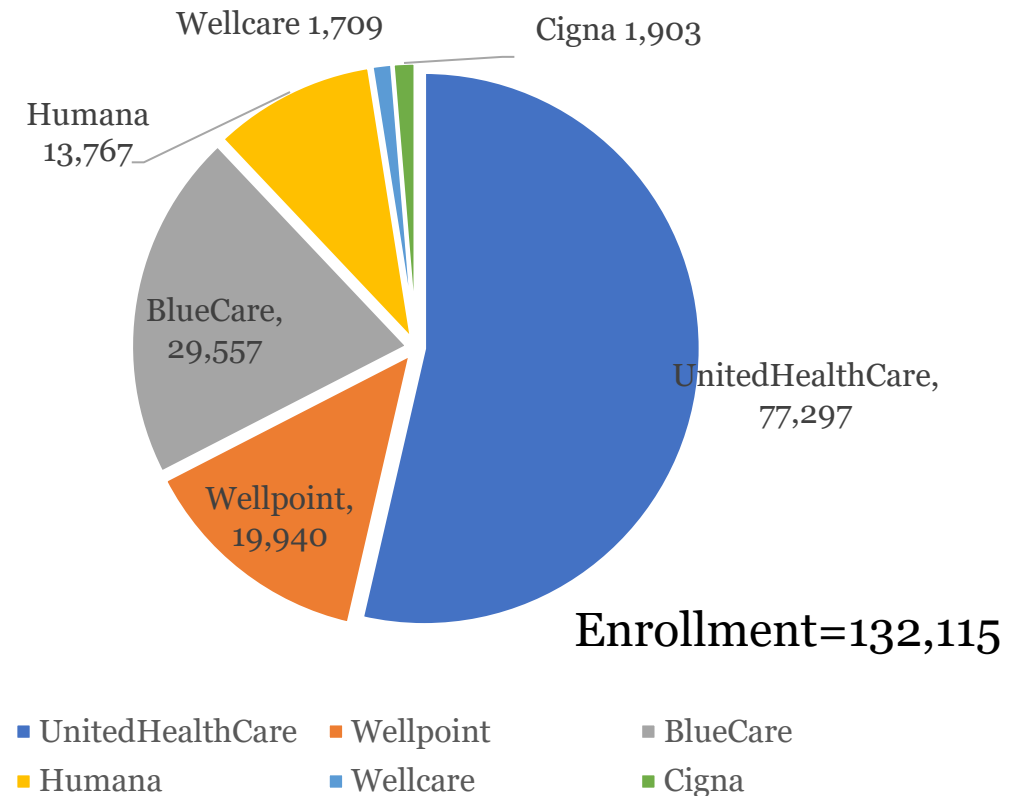
Current State – Tennessee D-SNP Program

All TennCare plans must offer a D-SNP. Coordination Only D-SNPs are only eligible to enroll FBDEs.

FIDE SNP Enrollment, July 2024

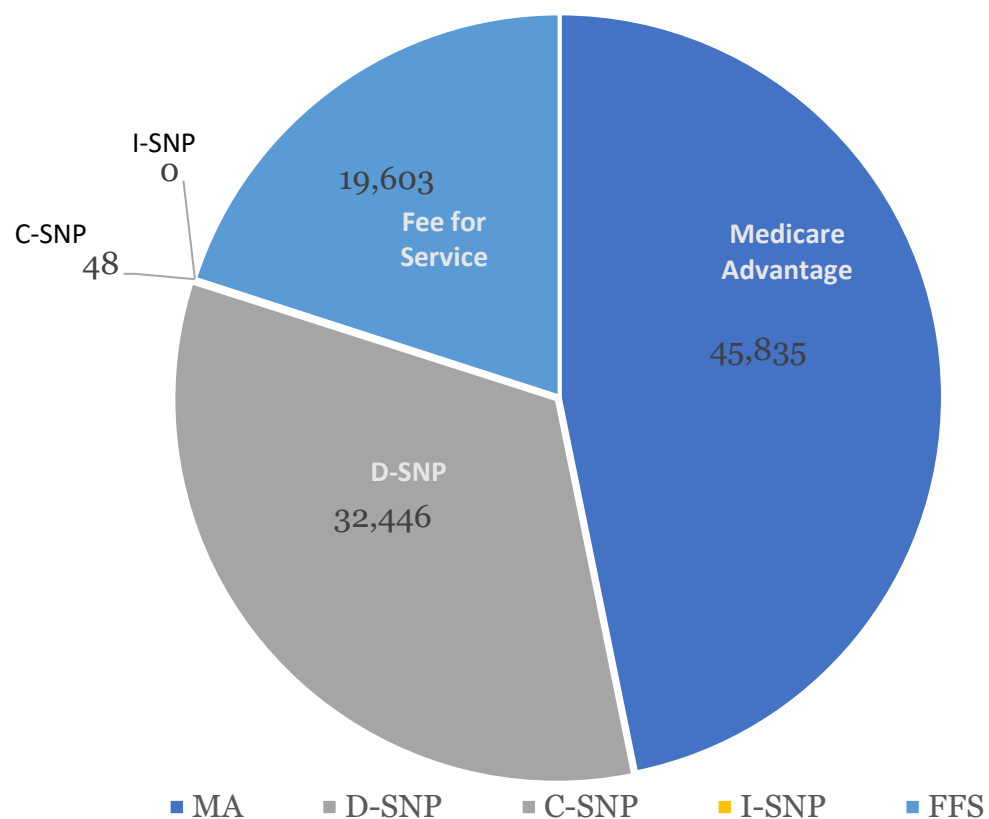


CO DSNP Enrollment July 2024



Current State – Tennessee Partial Benefit Dual Eligibles

Partial Benefit Dual Eligible Individuals: Enrollment by Medicare Program



Current State – Carve Out Populations, Pharmacy and Dental Service

In Tennessee, behavioral health services are carved in, which means there is no parallel program for persons with severe and persistent mental illness. Full integration of Behavioral Health Services with physical health care.

However, people receiving services related to intellectual and developmental disabilities are currently excluded from CHOICES, but a companion managed LTSS program, Employment and Community First (ECF) CHOICES, has been developed for this population.

TennCare carves out retail pharmacy services and dental services.

Current State – Dually Eligible Beneficiaries

D-SNP H Contract	Sponsor Organization	Type of D-SNP	Service Area	Enrollment
H0251	United	FIDE	Statewide	1060
H3259	BlueCare	FIDE	Statewide	542
H5828	Wellpoint	FIDE	Statewide	592
H2051	United	CO	Statewide	77,297
H1416	Wellcare	CO	Statewide	1709
H3259-001	BlueCare	CO	Statewide	23,141
H3259-003	BlueCare	CO	Statewide	6416
H4461-022	Humana	CO	Statewide	4807
H4461-038	Humana	CO	Statewide	8960
H4513	Cigna	CO	Statewide	1903
H5828	Wellpoint	CO	Statewide	19,940

Current State – Dually Eligible Beneficiaries

Enrollment of Dually Eligible Beneficiaries in Medicaid MCOs	
Do MCOs Enroll Duals?	<p>Yes, Tennessee has a FIDE SNP model for dual eligible.</p> <p>(FIDE SNP) shall only enroll members in the following eligibility categories, who are also in CHOICES Groups 1, 2, and 3 and enrolled in the Contractor's Medicaid plan:</p> <p><input checked="" type="checkbox"/>_X_QMB Only <input checked="" type="checkbox"/>_X_QMB Plus <input checked="" type="checkbox"/>_X_SLMB Plus <input checked="" type="checkbox"/>_X_Full Benefit Dual Eligible</p> <p>Partial duals are eligible to enroll in D-SNPs.</p>
Is enrollment Voluntary, Mandatory, auto-assignment?	<p>FIDE SNP shall be limited to exclusively aligned enrollment. A member's decision to enroll in a FIDE SNP shall be voluntary; however, as a condition of eligibility, members may only enroll in a FIDE SNP if they are also enrolled in the Contractor's MCO for Medicaid coverage and meet all applicable FIDE SNP enrollment criteria.</p> <p>TennCare will auto assign an enrollee to an MCO, in specified circumstances, including but not limited to, the enrollee does not request enrollment in a specified MCO, cannot be enrolled in the requested MCO, or is an adult eligible as a result of receiving SSI benefits.</p>
Relevant limitations on FBDE / Partial Enrollment	A person can be disenrolled from a D-SNP if they no longer meet the enrollment criteria, such as moving to an area not covered by the D-SNP or if Medicaid benefits are discontinued.
What populations are carved out of Medicaid managed care?	IDD
Are there any general limitations on Medicaid enrollment timelines?	Tennessee offer year round enrollment in D-SNPs (both FIDE and CO)

Existing D-SNP Regulatory Landscape and MIPPA	
Does State capitate D-SNPs?	Yes
Generally, what types of D-SNPs are offered	FIDE / CO
Does State Mandate EAE for D-SNPs?	Currently, Tennessee does not require exclusively aligned enrollment. In 2025 Tennessee has applied for its FIDE SNPs to be Applicable Integrated Plan (AIP)D-SNP plans. However, partial duals can enroll in the three unaligned CO-DSNPs.
Is Default Enrollment used?	<p>Yes – State MIPPA or SMAC promotes aligned enrollment and care coordination.</p> <p>Requires D-SNPs to avail themselves of default enrollment.</p>
Any relevant Marketing information?	<p>There are six health plans operating in the state as Medicaid Managed Care Organizations (MCOs).</p> <p>No explicit restrictions on CO-DSNPs</p> <p>Tennessee sends information to the beneficiaries who will be seamlessly converted to explain the process and why aligning their Medicare and Medicaid health plan enrollment will help to promote care coordination. The state reports that several hundred beneficiaries have been enrolled through the seamless conversion process with an almost 100 percent retention rate prior to the Medicare effective date and a very low disenrollment rate after enrollment in the D-SNP is effective.</p>
Restrictions on service area?	None other than regional breakdowns. Coverage is available statewide on all available MCOs.

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 currently requires mandatory enrollment of FBDEs into TennCare and requires companion D-SNP plans to utilize default enrollment. New enrollees are likely nearly all aligned. However, state allows FBDEs to opt out of mandatory enrollment. In 2025, TennCare will require exclusively aligned enrollment. Unaligned enrollment can occur but is limited.</p> <p>Takeaway Impact – New enrollees into TennCare will already likely to be aligned FBDEs and thus the aligned enrollment change should have limited impact on these plans.</p> <p>Organizations without a 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 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 CHC companion D-SNP.</p> <p>Current State – Currently, three (3) parent organizations 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 parent organizations will be unaffected but for their inability to operate any new D-SNPs that serve FBDEs.. The three (3) parent organizations without a companion D-SNP plan will be unaffected.</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 – 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. TennCare companion D-SNPs and the 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>
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 TennCare 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 –Tennessee already seeks to maximize aligned enrollment, but does not currently require exclusively aligned enrollment. Beneficiaries are permitted to change their 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 companion D-SNPs. PACE beneficiaries can use this SEP to enroll into a companion D-SNPs, but they must first elect to enroll into TennCare and elect a TennCare. FBDEs currently enrolled in aligned D-SNP companion plans can use this to switch into a different TennCare D-SNP, but they must first elect a new TennCare plan, which they can do at any time.</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 – TennCare 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 – The state does not currently make use of exclusively aligned enrollment, but does use default enrollment. The state already achieves significant aligned enrollment. The state does not categorically exclude unaligned enrollment into companion D-SNPs or into CO D-SNPs.</p> <p>Takeaway Impact – TennCare companion D-SNPs will actively disenroll any unaligned beneficiary – including both full-benefit and partial-benefit. Those beneficiaries will not be eligible to avail themselves of the integrated SEP since they cannot achieve alignment.</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)**