



Virginia Department of Medical Assistance Services

dmas.virginia.gov

Enrollment Broker Information Session

The Virginia Department of Medical Assistance Services (DMAS), Virginia's Medicaid agency, presents this informational video session for Enrollment Brokers assisting Virginia Medicare beneficiaries to enroll in a Dual Eligible Special Needs Plan (D-SNP).

The purpose of this information session is to educate Enrollment Brokers about important policy changes to Dual Eligible Special Needs Plans operating in Virginia which will take effect in January 2025. All Enrollment Brokers working to enroll Medicare beneficiaries into these plans on behalf of Managed Care Organizations operating under contract to the Virginia Department of Medical Assistance Services are required to complete this session.

This file is designed as a companion to the video session. This document includes the presentation slides and captions, as well as a Frequently Asked Questions document designed for beneficiaries that answers questions about the upcoming policy change discussed in the video session.



SESSION VIDEO LINK

<https://www.youtube.com/watch?v=Z8yLDbRAQjg>

RESOURCES

Virginia Medicaid Dual Programs

Website: <https://dmas.virginia.gov/for-members/cardinal-care/managed-care-programs/medicare-and-medicaid-programs/>

Frequently Asked Questions for Beneficiaries about Exclusively Aligned Enrollment:

<https://dmas.virginia.gov/media/4dif0bgj/dmas-dsnp-eae-faq-aug-2024.pdf>

For questions about the informational session and accompanying materials, please contact the DMAS D-SNP team at dsnp@dmas.virginia.gov.



Enrolling Beneficiaries into Virginia Dual Eligible Special Needs Plans

Virginia Department of Medical Assistance Services
Integrated Care Division





The purpose of this information session is to educate Enrollment Brokers about Dual Eligible Special Needs Plans operating in Virginia. All Enrollment Brokers working to enroll Medicare beneficiaries into these plans on behalf of Managed Care Organizations operating under contract to the Virginia Department of Medical Assistance Services are required to complete this session.

Please note that the red underlined text in this presentation represents active weblinks you can use to find additional information. The slides for this presentation will be available in PDF format through a link in the description box for this presentation on the Virginia Medicaid YouTube channel at <https://www.youtube.com/@viriniamedicaid5470>. Once on our channel, search for “Enrollment Broker Training” using the search feature.



Dually Eligible Individuals Qualify for Both Medicare and Medicaid

Medicare Eligibility Criteria

Federal health insurance program

Age 65 or older

OR

Under age 65 with a disability, such as:

- Intellectual/Developmental disabilities
- Cognitive disabilities
- Physical disabilities
- Behavioral health needs
- Chronic medical conditions

OR

Any age with End Stage Renal Disease



Medicaid Eligibility Criteria

State health insurance program

Meet income and asset requirements
(varies by eligibility group and state)

AND

Member of eligible group
(varies by state)

- Adults with disabilities
- Older adults
- Children and families
- People who are pregnant
- Other



Dual Eligible Individuals Are a High-Need, High-Cost Population

70%
have been diagnosed with three or more chronic conditions, such as



- Diabetes
- Alzheimer's disease
- Heart disease
- Intellectual disabilities

41%
have a behavioral health disorder, such as



- Depression
- Bipolar Disorder
- Anxiety
- Schizophrenia

Over 40%
use long-term services and supports, such as



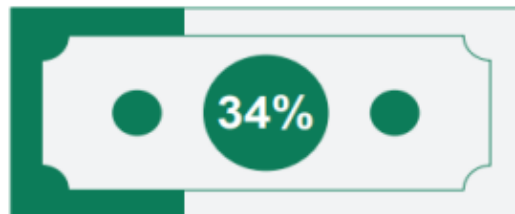
- Nursing facility services
- Home and community-based services

MEDICARE

19%



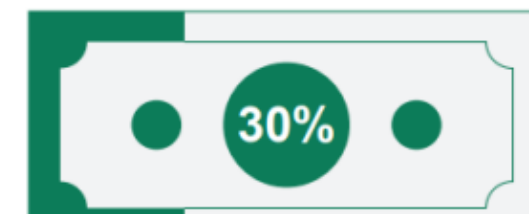
Proportion of enrollees



Proportion of spending

MEDICAID

14%



Categories of Dual Eligibility

- **Full Benefit:** Individuals eligible for full Medicare and Medicaid benefits, and Medicaid-covered cost sharing of Medicare premiums, copays and coinsurance
 - ✓ Referred to as **Full Benefit Dual Eligible** (FBDE) beneficiaries
 - ✓ This group has the lowest income limit of dual-eligible categories – in Virginia, income limit for Aged/Blind/Disabled (ABD) Medicaid is 80% of the Federal Poverty Guidelines (\$1,004 per month for a single individual in 2024)
 - ✓ This beneficiary group has significant health-related social needs in addition to complex health conditions

NOTE: The information provided in this session applies primarily to FBDE beneficiaries, as they are eligible for full Medicaid coverage.



Categories of Dual Eligibility

- **Partial Benefit:** Eligible for Medicare coverage and Medicare cost-sharing only
 - ✓ Referred to as **Partial Benefit dual-eligible**, or “partial duals”
 - ✓ Partial-benefit duals are eligible for Medicaid-covered care cost sharing through the [Medicare Savings Programs](#), with coverage level dependent on beneficiary’s monthly income
 - ✓ **Qualified Medicare Beneficiary (QMB):** Covers beneficiary’s Part A and Part B premiums, deductibles and copays
 - ✓ **Special Low Income Medicare Beneficiary (SLMB):** Covers beneficiary’s Part B premium only
 - ✓ **Qualifying Individual (QI):** Covers beneficiary’s Part B premium only
 - ✓ **Qualified Disabled Working Individual (QDWI):** Covers beneficiary’s Part A premium only
- Individuals with incomes just above of the Federal Poverty Guidelines, starting at \$1,275 per month for a single individual in 2024 for the QMB program.



Dual Eligible Special Needs Plans (D-SNPs)

- D-SNPs are Medicare Advantage (MA) plans that enroll only dually eligible beneficiaries
 - ✓ Beneficiary must be enrolled in Parts A and B to qualify
- Per federal regulations, for a health plan to be considered a D-SNP, both CMS and the State Medicaid Agency must contract with its sponsoring Managed Care Organization (MCO)
- To address enrollees' medical complexity, D-SNPs are required to provide coordination of benefits across Medicaid and Medicare, including care management services
- **Not all MA plans that enroll dual-eligible beneficiaries are D-SNPs**
 - ✓ “D-SNP lookalike” plans exist, but do not provide essential care management services that D-SNPs are required to offer



Coverages in Medicaid vs. Medicare

- Medicaid and Medicare cover many of the same services
 - ✓ Inpatient, outpatient and rehabilitative health services
 - ✓ Prescription drugs
 - ✓ Durable medical equipment
 - ✓ Emergency medical transport
- However, significant differences exist
 - ✓ Behavioral health services
 - ✓ Long-term “custodial” nursing care
 - ✓ Home health services
 - ✓ Dental, hearing and vision care
 - ✓ Non-emergency transportation



Coverages in Medicaid vs. Medicare

- Home and Community Based Services (HCBS) is one set of Medicaid-specific services utilized by dual eligible beneficiaries for which Medicare provides limited to no coverage
- Also known as Long Term Services and Supports (LTSS)
- [HCBS in Virginia](#) are provided through a several Medicaid waivers and include:

- Adult Day Health Care
- Personal Assistance Services
- Private Duty Nursing
- Respite Care
- Services Facilitation

- Assistive Technology
- Environmental Modifications
- Personal Emergency Response System
- Transition Services

- Medicare does not routinely cover most of these, although some D-SNP plans may provide some of them as supplemental MA benefits



Coverages in Medicaid vs. Medicare

- Behavioral health (BH) and addiction treatment coverage also varies greatly; Medicare coverage is limited
- Virginia Medicaid provides access to a suite of BH services, most of which are not covered by Medicare:

Mental Health Services

- ✓ Assertive Community Treatment
- ✓ Case Management
- ✓ Community and Residential Crisis Stabilization
- ✓ Intensive Outpatient Services
- ✓ Mobile Crisis Response
- ✓ Partial Hospitalization
- ✓ Peer Recovery Supports
- ✓ Psychosocial Rehabilitation Services

Addiction Recovery and Treatment Services

- ✓ Case Management
- ✓ Inpatient Detoxification Services
- ✓ Intensive Outpatient Services
- ✓ Office-Based Addiction Treatment
- ✓ Opioid Treatment Programs
- ✓ Partial Hospitalization
- ✓ Peer Recovery Supports
- ✓ Residential Treatment Services



Why Coordinate Medicare and Medicaid?

- Navigating two health insurance systems is complicated for beneficiaries
 - ✓ Medicare and Medicaid are complex programs with different coverage rules, some overlapping and some not
 - ✓ These programs have distinct enrollment, appeals and grievances processes, causing further confusion for those dually enrolled
 - ✓ In managed care plans, provider networks across the two programs are often different
- Many dually eligible beneficiaries have not only complex health conditions, but also low levels of health literacy and/or cognitive impairments which may make it challenging to understand complex systems and information



D-SNPs in Virginia – Current Landscape

- Virginia has contracted with MCOs to operate D-SNPs since 2017
- In 2024, the Virginia Department of Medical Assistance Services has Medicaid Managed Care (MMC) contracts with five (5) MCOs, each of which is contractually required to operate a D-SNP in addition to its Medicaid plan:*
- ✓ Aetna Better Health of Virginia
- ✓ Anthem Healthkeepers Plus
- ✓ Molina Healthcare of Virginia
- ✓ Sentara Health
- ✓ UnitedHealthCare

* Virginia's Medicaid Managed Care program is under reprocurement as of summer 2024, and as such, this list may change. Information on current Virginia Medicaid MCOs can be found at www.virginiamanagedcare.com.



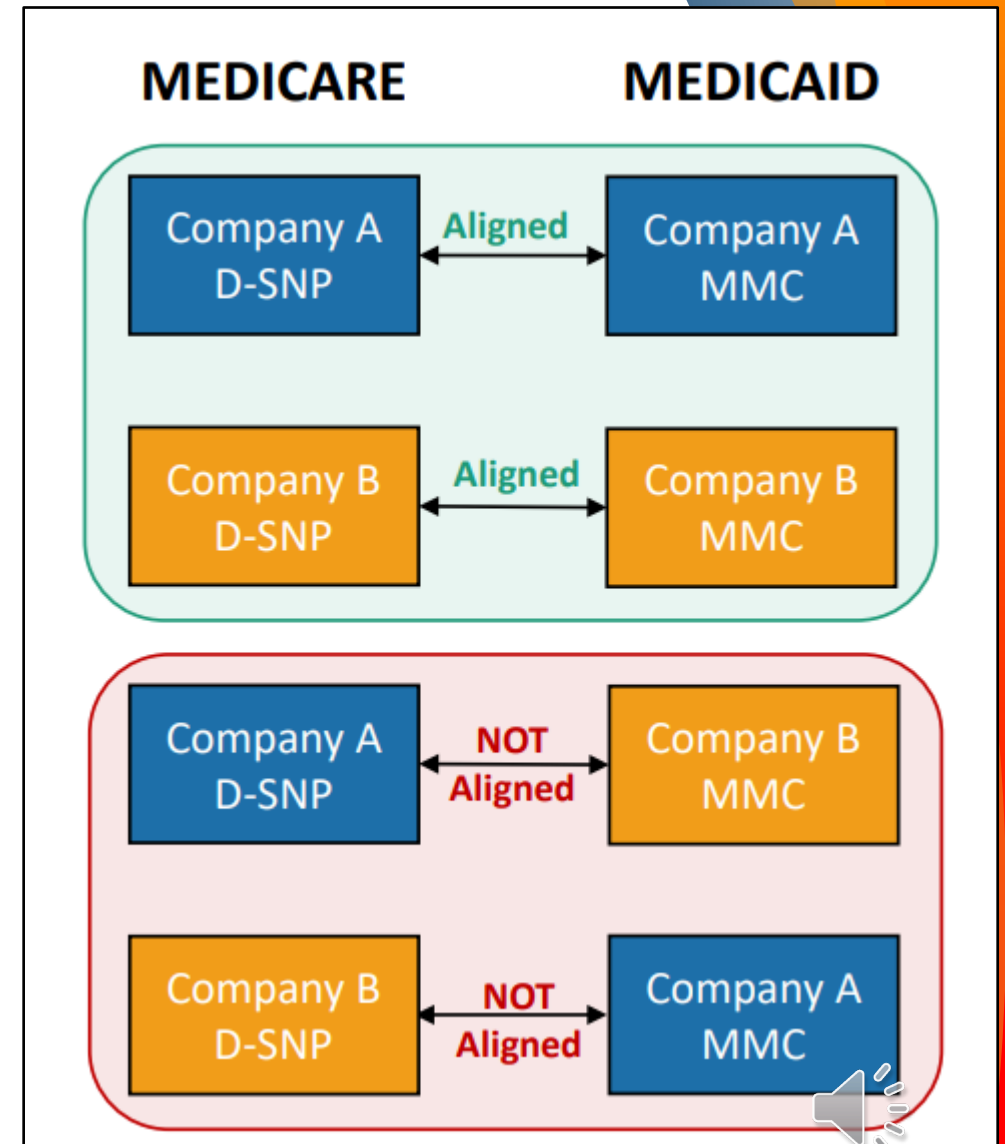
D-SNPs in Virginia – Current Landscape

- Historically, Medicaid enrollees have been able to choose both their Medicaid Managed Care (MMC) plan and their D-SNP plan
- This resulted in many D-SNP enrollees having Medicaid coverage from one MCO and D-SNP coverage from another
 - ✓ These members are referred to as “unaligned”
- Coordination of benefits is more difficult for enrollees, providers and the MCO when enrollment is unaligned:
 - ✓ Communication barriers across two MCO systems in two large health coverage programs
 - ✓ Challenges with billing, claims and care management
 - ✓ Confusion for members around grievance and appeal procedures in different companies’ systems



“Exclusively Aligned Enrollment”

- In order to improve communication and care management challenges, the Center for Medicare and Medicaid Services (CMS) is increasing its expectations for D-SNP integration through a policy called “exclusively aligned enrollment” (EAE)
- EAE happens when an individual is enrolled in the MMC plan operated by its D-SNP’s sponsoring MCO
 - ✓ Dual enrollment means the beneficiary’s plans are “aligned”
- **This policy applies only to D-SNPs serving Full Benefit Dual Eligible members – partial duals are not included as they are ineligible for full Medicaid**



Source: [Integrated Care Resource Center](#)

Benefits of Exclusively Aligned Enrollment

- All services and benefits managed by the same parent organization
- Comprehensive, coordinated delivery of benefits across Medicare and Medicaid with integrated appeals and grievance systems
- Seamless care coordination provided by care managers knowledgeable about both programs
- Fully integrated beneficiary materials
 - ✓ Single Medicare/Medicaid ID card
 - ✓ Coordinated benefit determinations
 - ✓ Integrated plan enrollment documents (e.g., Summary of Benefits, List of Covered Drugs, Provider and Pharmacy directory) include information about Medicare and Medicaid coverage
- Single member services phone line staffed by plan employees cross-trained in Medicare and Medicaid policy and topics



Requirement for Exclusively Aligned Enrollment Begins January 1, 2025

- Effective January 1, 2025, **all Virginia D-SNP enrollees** will be **required** to enroll in the MMC plan operated by their D-SNP MCO
- **After January 1, 2025, D-SNP enrollees' plans CANNOT be unaligned** – if they want to remain in a Virginia D-SNP, their D-SNP and Medicaid MCO plans **MUST** be aligned
- **The choice of alignment is based on the member's choice of Medicare D-SNP as Medicare requires that the individual have coverage choice**
 - ✓ In Virginia, MMC enrollment is mandatory for most Medicaid enrollees
- On January 1, 2025, **all enrollees with unaligned Medicaid and D-SNP plans** will be administratively moved into the MMC plan managed by their D-SNP MCO
- This policy change will require Enrollment Brokers working with dual-eligible individuals to assist beneficiaries in navigating this new landscape



Exclusively Aligned Enrollment Beneficiary Example

- ❑ *Mr. Smith currently has Anthem Dual Advantage D-SNP for his MA coverage and Aetna Better Health of Virginia for Medicaid.*
- ❑ *DMAS will move him into Anthem's Medicaid plan on 1/1/25 if he wants to stay in his Anthem D-SNP **because Medicaid enrollment for exclusively aligned D-SNP members is determined by their D-SNP choice.***
- ❑ *If he wants to stay with Aetna Medicaid, he will need to enroll with Aetna's D-SNP, choose to enroll in Original Medicare along with Aetna Medicaid, or select another MA plan. He would no longer be a D-SNP member and would risk losing supplemental D-SNP benefits.*



Impact to Beneficiaries of EAE Switch

- Change in health plan
- Possible loss of providers
 - ✓ It is not guaranteed that their new Medicaid MCO will have the same provider network, especially for HCBS, BH, etc.
- Change in care manager/care management services
 - ✓ Both D-SNPs and Medicaid MCOs are required to provide care management services to beneficiaries
 - ✓ A change in Medicaid MCO may disrupt this relationship
- Change in supplemental/extra benefits
 - ✓ All D-SNPs provide supplemental benefits, but not all plans' SBs are the same



Examples of Virginia D-SNPs' Supplemental Benefits

- Special supplemental benefits for members with specific chronic conditions
- Dental services, including dentures, crowns, cleanings, fillings, etc.
- “Extra Benefits” card with cash balance for utility payments, over-the-counter items, groceries, etc.
- Vision services such as eye exams and annual allowance for glasses and contacts
- Hearing aids, exams and fittings
- Home delivered meals
- Free smartphone with data and minutes
- Transportation for personal, non-medical uses, such as shopping and faith service attendance
- Podiatry services
- Fitness items such as gym membership, fitness classes, fitness tracker, weight-loss program fees, etc.



Beneficiary Options Under EAE

- [Medicare Advantage 2025 Final Rule](#), effective January 1, 2025, provides D-SNP members with enrollment flexibilities
- **Unaligned** beneficiaries who do not want to leave their pre-EAE **Medicaid MCO plan** or enroll with their Medicaid MCO's D-SNP can choose to switch to Original Medicare or a different MA plan.
 - ✓ D-SNP enrollees receive Part D drug coverage through the D-SNP, so they will need to choose a Part D plan
- For any D-SNP beneficiary who wants to choose a different D-SNP or Medicaid plan, Final Rule provides for a **monthly Special Enrollment Period** allowing them to change D-SNPs outside of annual Medicare/MA open enrollment
 - ✓ Beneficiary can switch **only to an aligned plan** or disenroll from D-SNP and return to Original Medicare + Part D plan



How Enrollment Brokers Can Help

- **Be aware of the EAE policy and educate beneficiaries.**
 - ✓ Although DMAS and Virginia D-SNP MCOs plan a public education campaign about this change, some enrollees may still be unaware of, or not understand, the switch and may have questions or concerns
 - ✓ Beneficiaries with unaligned plans will be informed of this new policy through several communications in Fall 2024
 - ✓ Information will be provided by the MCOs as well as DMAS, including Frequently Asked Questions for beneficiaries
- Ensure the beneficiary understands **they cannot be in a D-SNP that is unaligned after January 1, 2025**



How Enrollment Brokers Can Help

- **Advise beneficiaries of their right to choice** of D-SNP plan, Original Medicare + Part D plan, or a non-D-SNP MA plan, but assist them in understanding the impact of their choice to their Medicaid services
 - ✓ Ask the beneficiary if they are using any Medicaid-only services (HCBS, BH, others).
 - ✓ If they are and plan to switch Medicaid MCO plans, suggest that they verify their Medicaid providers are in network with the new MCO.
 - ✓ Please check the [Virginia Medicaid provider directory](#) online or by contacting the DMAS enrollment broker by at 1-800-643-2273, or the beneficiary's Medicaid MCO website, to verify that their existing Medicaid providers are in network with their aligned MCO.
 - ✓ ***Please note that EBs are prohibited from participating in a beneficiary's call to us.***



How Enrollment Brokers Can Help

- **Provide the beneficiary with resources** to assist them in making the best choice of plan for their needs
 - ✓ Virginia Medicaid [Decision Support Tool](#) – Provides information about Medicaid MCOs' performance on important metrics in a star rating format
 - ✓ [VirginiaManagedCare.com](#) – Virginia Medicaid's managed care information site. Provides information on each Medicaid MCO, their extra benefits, and other relevant information, including links to plan websites. Also offers a [comparison tool](#) which allows beneficiaries to compare Medicaid MCOs
 - ✓ [Medicare Plan Finder](#) to assist beneficiaries with finding D-SNPs operating in their area
 - ✓ [Virginia Insurance Counseling and Assistance Program](#) (VICAP) – Virginia's State Health Insurance Assistance Program that offers free, unbiased, confidential counseling and assistance for people with Medicare



Resources for Beneficiaries

- Individual MCO websites - Each MCO has separate websites for its Medicaid and D-SNP plans which provide network directories and information on coverage and extra benefits

Medicaid Plan	D-SNPs
<u>Aetna Better Health of Virginia</u>	<u>Aetna Virginia D-SNP</u>
<u>Anthem Healthkeepers Plus</u>	<u>Anthem D-SNPs</u>
<u>Molina Healthcare of Virginia</u>	<u>Molina Medicare</u>
<u>Sentara Health</u>	<u>Sentara Community Complete</u>
<u>United Health Care</u>	<u>United Healthcare D-SNP</u>



Questions?

If you have questions about the content of this session, please contact the DMAS D-SNP team at dsnp@dmas.virginia.gov





Verification of Completion

This document verifies that _____ has viewed the informational session *Enrolling Medicare Beneficiaries into Virginia Dual Eligible Special Needs Plans* offered by the Virginia Department of Medical Assistance Services.

[Insert electronic signature here]

[Insert completion date here]



Virginia Department of Medical Assistance Services
Enrollment Broker Training Captions
August 2024

Slide 1 Thank you for joining the Virginia Department of Medical Assistance Services, Virginia's State Medicaid Agency (SMA) for this information session on Enrolling Beneficiaries into Virginia Dual Eligible Special Needs Plans.

Slide 2 The purpose of this information session is to educate Enrollment Brokers about Dual Eligible Special Needs Plans operating in Virginia. All Enrollment Brokers working to enroll Medicare beneficiaries into these plans on behalf of Managed Care Organizations operating under contract to the Virginia Department of Medical Assistance Services are required to complete this session.

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Slide 3 Dual eligible individuals are those who qualify for both Medicare and Medicaid. Of course, Medicare serves those age 65 or older, individuals under age 65 who have a disability verified by the Social Security Administration, and people of any age with End Stage Renal Disease.

Medicaid, on the other hand, which is operated by the states and funded jointly by the states and the federal government, requires for eligibility that individuals meet income and asset requirements, and are a member of an eligible group. Income and asset requirements and members of eligibility groups vary by state. These groups include adults with disabilities; older adults; children and families, including low-income working adults in the Medicaid Expansion population in most states; people who are pregnant, and other groups that the states determine.

Slide 4

This population is a high-need, high-cost population that is served by both Medicare and Medicaid. As referenced on the screen, 70% have been diagnosed with three or more chronic serious conditions; 41% have a behavioral health disorder, and over 40% use long-term services and supports, such as nursing facility services and home and community-based services delivered by Medicaid.

Again, they are a high-cost population, representing 19% of Medicare enrollees and 34% of spending, and 14% of Medicaid enrollees but 30% of spending.

Slide 5

There are two categories of dual eligibility. The first is Full Benefit. These are individuals who are eligible for Medicare and full Medicaid benefits, as well as Medicaid-covered cost sharing of their Medicare premiums, copays and deductibles. They are referred to as Full Benefit Dual Eligible, or FBDE, beneficiaries. This group has the lowest income limit of dual eligible categories. In Virginia, they are eligible for Medicaid for the Aged, Blind and Disabled (ABD) population. The income limit for ABD Medicaid in Virginia is 80% of the Federal Poverty Level, which equates to an income of \$1,004 for a single individual in 2024.

This beneficiary group also has significant health-related social needs in addition to their complex health conditions.

I will note that the information in this session primarily applies to FBDE beneficiaries, as they are eligible for full Medicaid coverage.

Slide 6

The second category of dual eligibility is Partial Benefit. This population is referred to as Partial Benefit Dual Eligible, or sometimes “partial duals.” Partial-benefit duals are eligible for Medicaid-covered cost sharing of their Medicare expenses, again including premiums, copays and coinsurances, through the Medicare Savings Programs. These programs include:

- The Qualified Medicare Beneficiary, or QMB, Program, which covers their Part A and Part B premiums, deductibles and coinsurances;
- The Special Low Income Medicare Beneficiary Program, SLMB, sometimes referred to as “Slimby,” which covers the beneficiary’s Part B premium only;
- The Qualifying Individual, QI, Program, which also covers their Part B premium only, and
- The Qualified Disabled Working Individual program, which only covers the Part A premium.

Individuals in this category have incomes just above the Federal Poverty Guidelines, starting at \$1,275 per month for a single individual in 2024 for the QMB program.

Income limits for the other Medicare Savings Programs can be found at <https://www.medicare.gov/> on the Medicare Savings Program page.

Slide 7

Now let's talk about Dual Eligible Special Needs Plans, or D-SNPs. D-SNPs are special Medicare Advantage plans that enroll only dually eligible beneficiaries. The beneficiary must be enrolled in Medicare Parts A and B to qualify for D-SNP.

Per federal regulations, for a health plan to be considered a D-SNP, both the Center for Medicare and Medicaid Services, or CMS, and the State Medicaid Agency must contract with its sponsoring MCO. Of course in Virginia, the State Medicaid Agency is the Virginia Department of Medical Assistance Services, or DMAS.

To address the enrollees' medical complexity, D-SNPs are required to provide coordination of benefits across Medicare and Medicaid. This includes care management services to assist beneficiaries to coordinate their healthcare and social service needs.

It's important to note that not all MA plans that enroll dual-eligible beneficiaries are D-SNPs. "D-SNP lookalike" plans exist, but given that they are not officially considered D-SNPs under CMS policy, they are not required to provide the essential care management services that D-SNPs do provide.

Slide 8

Now let's talk about coverage differences in Medicaid versus Medicare. Of course, both programs do cover some of the same services – inpatient hospitalization, outpatient and rehabilitative services, prescription drugs, durable medical equipment and emergency medical transportation are examples. However, significant differences do exist between the two programs, especially in the realm of Behavioral Health services; nursing care (for example, Medicaid provides long-term “custodial care,” whereas Medicare will only cover limited nursing care services under certain criteria). Home health services are often different between Medicare and Medicaid. Medicare does not offer dental services; hearing and vision care are extremely limited, and it does not offer non-emergency medical transportation.

Of course, these differences we're discussing are in Original Medicare. Some of these services are covered by Medicare Advantage plans as supplemental benefits.

Slide 9

Home and community-based services, or HCBS, is one example of a Medicaid-specific service often utilized by dual-eligible beneficiaries for which Medicare provides limited to no coverage. These services are also known as Long Term Services and Supports, or LTSS, in the Medicaid realm.

HCBS in Virginia are provided through several Medicaid waivers. These include the Commonwealth Coordinated Care Plus Waiver, or CCC Plus, for individuals with complex health needs, and three waivers for individuals with Intellectual and/or Developmental Disabilities: the Building Independence waiver; the Family and Individual Supports waiver; and the Community Living waiver.

HCBS in Virginia include a number of important health and rehabilitative services:

- Adult day health care
- Private duty nursing
- Respite care services
- Transition services to assist the individual in transitioning between care settings.

Now, Medicare does not routinely cover most of these, although some D-SNP plans may provide some of them as supplemental Medicare Advantage benefits.

Slide 10

Behavioral health and addiction treatment coverage also varies greatly. Medicare coverage is unfortunately limited, although Medicare did recently expand the behavioral health professionals for which it will offer reimbursement.

Virginia Medicaid, on the other hand, provides access to an entire suite of BH services, including Mental Health Services and Addiction Recovery and Treatment Services, or ARTS, most of which aren't covered by Medicare. Examples include Assertive Community Treatment, Partial Hospitalization, Peer Recovery Supports and Psychosocial Rehabilitation services on the Mental Health side. On the ARTS side, case management, detoxification, Peer Recovery supports- most of these services are not covered by Medicare, although Full Benefit Dual Eligible D-SNP enrollees are eligible to receive these services.

Slide 11

So why coordinate Medicare and Medicaid?

First, navigating two large health insurance systems is complicated for beneficiaries. As we just noted, these are complex programs with different coverage rules, some of which overlap and some which don't.

Both programs have distinct and separate enrollment, appeals and grievances processes, which causes further confusion for those dually enrolled.

In managed care plans especially, provider networks across the two programs are often different, which causes confusion for enrollees when they need to access care.

And importantly, many dual eligible beneficiaries experience not only complex health conditions, but also low levels of health literacy, or cognitive impairments, or both, which may make it challenging to understand and navigate complex systems and information. This is another reason why care coordination is such an important service provided by D-SNP plans.

Slide 12

So let's talk about D-SNPs in Virginia in our current landscape. As mentioned earlier, in order for a health plan to be considered a D-SNP, it must contract with CMS and the State Medicaid Agency. Virginia Medicaid has contracted with MCOs to offer D-SNPs since 2017, so we have been doing this for a few years now. In 2024, DMAS has Medicaid Managed Care (MMC) contracts with five MCOs, each of which is contractually required to operate a D-SNP in addition to its MMC plan.

Aetna Better Health of Virginia, Anthem Healthkeepers Plus, Molina Healthcare of Virginia, Sentara Health and United Health Care all offer D-SNPs in Virginia in addition to their existing MA offerings and their MMC plans.

And I will note here that as of summer 2024, Virginia's MMC program is under reprocurement. As such, this list of MCOs may change. You can find information on current Virginia Medicaid MCOs at www.viriniamanagedcare.com.

Slide 13

Historically, Medicaid enrollees have been able to choose the MCO for MMC and their D-SNP plan. This resulted in many enrollees having MMC coverage from one MCO and D-SNP coverage from another; so an individual may have Anthem Healthkeepers for Medicaid, and UnitedHealthCare for their D-SNP or Medicare Advantage plan. These members in the context of D-SNPs are referred to as "unaligned," because they have different MCOs for Medicaid and Medicare.

The problem with unalignment is that coordination of benefits is much more difficult for enrollees, providers and the MCO. Reasons include communication barriers across two large MCO systems in two large healthcare coverage programs, Medicare and Medicaid. Unalignment causes challenges with billing, claims and care management, and especially with care management as both MCOs are required to provide care coordination, it may be difficult for care managers to navigate policies across two different MCOs.

Unalignment also causes confusion for members around grievance and appeal procedures in two different MCOs' systems.

Slide 14

In order to improve the communication and care management challenges that result from unaligned enrollment, CMS is increasing its expectations for D-SNP integration: the degree to which the D-SNP and MMC plans are integrated as previously discussed. CMS supports a policy called “exclusively aligned enrollment,” or EAE. EAE happens when the beneficiary is enrolled in the MMC plan operated by the D-SNP MCO.

The graphic at right demonstrates dual enrollment in the green section at the top. The blue boxes show an aligned plan, in which the individual is enrolled in both the MCO’s MMC and D-SNP plans; for example, Aetna Better Health Medicaid and Aetna’s D-SNP. The red box at the bottom demonstrates an unaligned plan, in which the individual is enrolled in a different company’s D-SNP than their Medicaid plan.

We note here that EAE applies only to D-SNPs serving FBDE beneficiaries – partial benefit duals are not included as they are ineligible for full Medicaid benefits.

Slide 15

There are significant benefits to EAE. First and foremost, all of the beneficiary’s services and benefits are managed by the same parent organization through the aligned enrollment. This allows a comprehensive, coordinated delivery of benefits across both programs with integrated appeals and grievance systems.

Aligned plans also offer seamless care coordination delivered by care managers knowledgeable about both Medicare and Medicaid plans. Virginia Medicaid MCOs are also required to provide care coordination services, and having care managers cross trained in both Medicare and Medicaid is an important benefit of EAE. Several Virginia MCOs have indicated that with the implementation of EAE, their DSNP care managers will oversee care coordination across both Medicare and Medicaid services.

In addition, these plans offer fully integrated beneficiary materials, such as a single Medicare and Medicaid ID card; benefit determinations that are coordinated across both programs; and integrated plan enrollment documents. These include the Summary of Benefits, List of Covered Drugs, and the Provider and Pharmacy Directory. In integrated plans, these documents include information about both Medicare and Medicaid covered services and benefits.

And finally, exclusively aligned plans offer a single member services phone line staffed by plan employees cross-trained in Medicare and Medicaid policy, coverage and topics.

Slide 16 Virginia will have an important change in D-SNP policy effective January 1, 2025. Effective as of that date, all Virginia D-SNP enrollees will be required to enroll in the MMC plan operated by their D-SNP MCO. After 1/1/25, D-SNP enrollees' plans CANNOT be unaligned. If the individual wants to remain in a D-SNP in Virginia, their D-SNP and Medicaid MCO plans MUST be aligned.

The choice of alignment under EAE is based on the member's choice of D-SNP, as Medicare policy requires that the individual have coverage choice. On the other hand, in Virginia Medicaid, managed care enrollment is mandatory for most enrollees.

On 1/1/25, all enrollees with unaligned Medicaid and D-SNP plans will be administratively moved into the MMC plan operated by their D-SNP MCO. This policy change will require Enrollment Brokers working with dual-eligible beneficiaries to assist them in understanding the new policy and its implications for their health care coverage.

Slide 17 Here's a beneficiary example of the EAE policy change. Mr. Smith is currently enrolled in Anthem Dual Advantage D-SNP for his MA coverage and Aetna Better Health of Virginia for Medicaid. On 1/1/25, DMAS will move him into Anthem's MMC plan if he wants to stay in his Anthem D-SNP because Medicaid enrollment for exclusively aligned D-SNP members is determined by their choice of D-SNP.

If Mr. Smith wants to stay with Aetna Medicaid, he will need to enroll with Aetna's D-SNP, or choose to enroll in Original Medicare along with Aetna Medicaid, or select an entirely different MA plan that is not a D-SNP. If he takes the latter option, he will no longer be a D-SNP member and would risk losing supplemental D-SNP benefits.

Slide 18 Although EAE brings significant benefits, there are some impacts to beneficiaries of this policy. First, of course, would be a change in health plan. Some Medicaid members have been enrolled in their current MMC plan for years and are used to their current coverage.

As previously stated, EAE will require that their plans are aligned, and this could potentially lead to a loss of providers – for example, if they change MMC plans, it is not guaranteed that the providers they currently see will be in the provider network in their new Medicaid MCO plan. This is an especially important consideration for HCBS, behavioral health services, and other Medicaid-only services.

In addition, the individual will experience a change in care management or care manager. As both D-SNPs and Medicaid MCOs are required to provide care management services, a change in either Medicaid MCO or D-SNP could disrupt a longstanding relationship with their care manager.

Finally, if the beneficiary elects to switch D-SNPs as opposed to MMC plans, their supplemental benefits may change. All D-SNPs offer supplemental benefits, but not all plans' SBs are the same.

Slide 19

These are examples of supplemental benefits provided by Virginia D-SNPs. There are some really important benefits for low-income individuals with complex health needs.

Special benefits for members with specific chronic conditions vary greatly across D-SNPs. Some examples include delivery of healthy meals, or nutrition counseling, for members with diabetes or heart disease.

Dental services are another good example – some D-SNPs offer full dental benefits including crowns and dentures as a supplemental benefit, while Original Medicare does not offer dental coverage.

Some D-SNPs provide an Extra Benefits card loaded with a cash balance that the beneficiary can use to pay utility bills, purchase over the counter items, or buy groceries. The cash balance on these cards varies across D-SNPs, so if the beneficiary switches D-SNPs, they may experience a decrease in their monthly cash balance.

Full vision and hearing services, including an annual allowance for glasses or support for hearing aids are other examples of supplemental benefits not offered by Original Medicare, and again, these benefits can vary across D-SNPs. Beneficiaries should be advised to consider this issue when deciding on a new plan.

Slide 20

Beneficiaries do have options under EAE. The Medicare Advantage 2025 Final Rule, which takes effect on 1/1/25, provides D-SNP members with enrollment flexibilities.

As mentioned earlier, unaligned beneficiaries who do not want to leave their existing MMC plan or to enroll with that MCO's D-SNP can choose to switch to either Original Medicare or another Medicare Advantage plan. It's important for folks in this case to know that if they switch to Original Medicare, they will need to choose a Part D plan as well. D-SNPs are required to provide Part D drug coverage, but this is not the case with Original Medicare or with many non-D-SNP Medicare Advantage plans.

Also, for D-SNP beneficiaries who want to choose a different D-SNP or MMC plan, the MA 2025 Final Rule provides for a monthly Special Enrollment Period, or SEP, which will allow them to change D-SNPs outside of the annual Medicare and MA open enrollment period. It's important to note here that the beneficiary who elects to use the monthly SEP can only use the monthly SEP to switch to an aligned plan, or to disenroll from the D-SNP and return to Original Medicare plus a Part D plan.

Slide 21

So how can you as an Enrollment Broker assist with this policy change?

First, be aware of the EAE policy and educate beneficiaries about the potential impact of this policy to their coverage. Although DMAS and Virginia D-SNP MCOs do plan to undertake a public education campaign about this change, some enrollees may still be unaware of, or not understand, the switch and may have questions or concerns. Some beneficiaries may not discover that their MMC plan has been changed until after January 1 and they go to visit a provider, only to discover that the provider is no longer in their network.

Beneficiaries in unaligned plans will be contacted, at a minimum, by their D-SNP MCO informing them of the need to switch plans. DMAS has also developed a set of Frequently Asked Questions for enrollees to explain their options and provide guidance. That document is linked in the description box for this video on the DMAS YouTube channel.

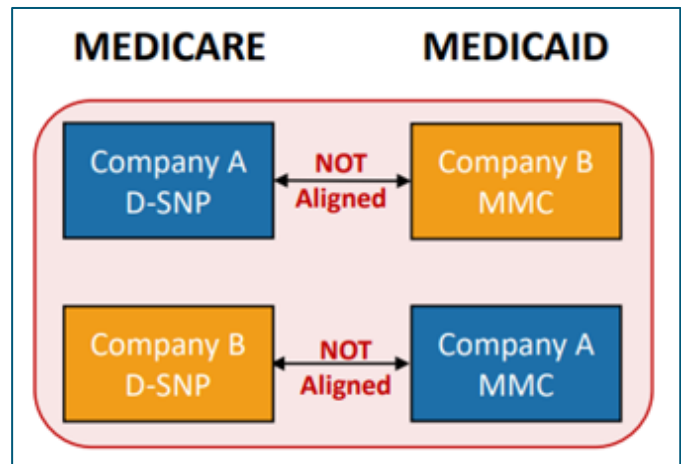
Second, ensure the beneficiary understands that they cannot be in a D-SNP that is unaligned after 1/1/25. After that date, both their D-SNP and Medicaid MCO coverage ***must*** be managed by the same company if they want to stay in a Virginia D-SNP.

- Slide 22 Third, do advise beneficiaries of their right to choice of a D-SNP plan, Original Medicare + Part D plan, or a non-D-SNP MA plan, but assist them in understanding the impact of their D-SNP choice on their Medicaid services. We encourage you to ask the beneficiary if they're using any Medicaid-only services, like HCBS, BH/ARTS, or other care covered only by Medicaid. If they are and are considering switching Medicaid plans, we request that you work with the beneficiary to verify that their current Medicaid providers are in network with the new MCO. You can check the Virginia Medicaid Provider Directory online or contact the Virginia Medicaid enrollment broker at 1-800-643-2273. You can also consult, or recommend that the individual consult, the new Medicaid MCO's website. Also, please note that per Virginia Medicaid policy, Enrollment Brokers are prohibited from participating in, or staying on the line, during a beneficiary's call to our enrollment broker at the number on the screen.
- Slide 23 Finally, Enrollment Brokers can assist by providing the beneficiary with resources to assist them in making the best coverage choice for their needs. We recommend the following resources.
- First, the Virginia Medicaid Decision Support Tool provides information about Virginia Medicaid MCOs' performance on important metrics in a star rating format similar to the Medicare Stars program.
- VirginiaManagedCare.com is Virginia Medicaid's managed care information website. This site provides information on each Medicaid MCO, the extra benefits they offer, and other relevant information, including links to plan websites. This site also offers a comparison tool which allows beneficiaries to compare Medicaid MCOs to each other so they can make the best choice for their needs.
- Of course, the Medicare Plan Finder can assist beneficiaries in identifying the D-SNPs operating in their geographic area.
- The Virginia Insurance Counseling and Assistance Program, or VICAP - Virginia's State Health Insurance Assistance Program, referred to as SHIP in some states – provides free, unbiased and confidential insurance counseling and assistance for Medicare beneficiaries to assist them in making their coverage choice.
- Slide 24 We also recommend that beneficiaries visit each individual MCO's website for information. Each Virginia Medicaid MCO has a separate website for its MMC and D-SNPs which offer access to provider network directories, information on coverage and benefits, and important policy information.
- Slide 25 If you have questions about this information, please contact the DMAS D-SNP team at dsnp@dmas.virginia.gov. Thank you for your attention in attending this session, and for assisting Virginia Medicaid members.
- Slide 26 We are offering this slide as a mechanism to verify completion of the session. You can use the PDF version of this slide from the slide set to add your name and signature. If your parent or partner organization accepts this as verification, edit and submit it according to the instructions it provides.

1. *I just heard about something called “exclusively aligned enrollment” for people enrolled in both Medicare and Medicaid. What is that?*

People enrolled in both Medicare and Medicaid, referred to as “dual eligible” enrollees, receive health coverage from both programs. In Virginia, most dual eligible enrollees receive their Medicaid coverage from one health plan (a private insurance company also known as a Managed Care Organization, or MCO). For Medicare coverage, dual eligible enrollees can choose to enroll in a Dual Eligible Special Needs Plan, or D-SNP, a special type of Medicare Advantage plan specifically designed for dual enrollees.

If you chose one MCO for your Medicaid and different health plan for your D-SNP, your health coverage is “unaligned,” meaning they don’t “line up” because your benefits are managed by two different MCOs. The picture on the right shows an example of an unaligned plan in which the enrollee has a different MCO for Medicaid and their D-SNP.



This can be confusing for the D-SNP enrollee, their health care providers, and the health plans

because health plans are supposed to coordinate the enrollee’s Medicare and Medicaid benefits.

“Coordinating benefits” means the Medicare and Medicaid health plans are supposed to work together to help the enrollee stay healthy and get the most out of their health coverage.

“Exclusively aligned enrollment” happens when a D-SNP enrollee who is eligible for full Medicaid coverage receives their Medicaid MCO and Medicare benefits from the same MCO. This is a great option for D-SNP enrollees because it offers them a combined package of health benefits managed by one MCO. Benefits of exclusively aligned enrollment include:

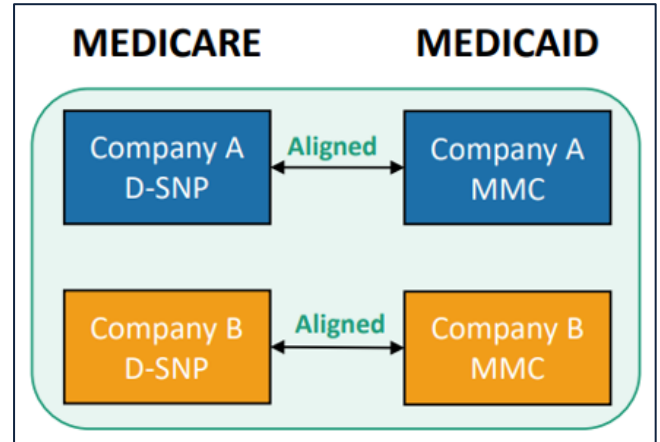
- One plan that coordinates all care.
- Integrated member materials, such as one Medicare/Medicaid ID card, member handbook and other documents which include information about coverage in both Medicare and Medicaid.
- A comprehensive network of health care providers.
- Timely coordination of care.
- Reduced confusion for members and providers.
- Easier access to specialists who are contracted with both Medicare and Medicaid.
- Better health outcomes.

Frequently Asked Questions about Exclusively Aligned Enrollment for Dual Eligible Special Needs Plan Members

If you want to align your health coverage, you don't need to do anything. On January 1, 2025, you will be moved automatically into your D-SNP MCO's Medicaid plan.

2. What does this mean for me?

If you're in a Virginia D-SNP, as of January 1, 2025, you will be required to have exclusively aligned enrollment. Again, this means you will need to be enrolled with the same MCO for your D-SNP and Medicaid MCO plans. **If you want to align your health coverage, you don't need to do anything. On January 1, 2025, you will be moved automatically to your D-SNP MCO's Medicaid plan.**



Let's use the example of a person who is enrolled with Company A for their Medicaid MCO plan and Company B for Medicare. If that person decides to stay with their Company B D-SNP, on January 1, 2025, Virginia Medicaid will move them to Company B's Medicaid MCO plan. Medicare requires that enrollees have a choice of Medicare coverage, so the enrollee's choice of D-SNP controls their Medicaid MCO plan enrollment. The picture above shows what an aligned plan looks like, in which the person is enrolled in both Company A's Medicaid plan and D-SNP.

If you have questions about how exclusively aligned enrollment will affect your Medicaid coverage, including if you will have to change some of your providers, you should call your D-SNP or your Medicaid MCO. You can find their contact information in the table below or on the back of your member ID card.

Health Plan Name	Medicaid Plan Information	D-SNP Information
Aetna Better Health of Virginia	https://www.aetnabetterhealth.com/virginia/index.html 1-800-279-1878 (TTY: 711)	https://www.aetnabetterhealth.com/virginia-hmosnp/ 1-855-463-0933 (TTY: 711)
Anthem HealthKeepers	https://mss.anthem.com/va/virginia-home.html 1-800-901-0020 (TTY: 711)	https://www.anthem.com/medicare/medicare-advantage-plans/special-needs-plans/dual-special-needs-plans 1-855-949-3321 (TTY: 711)
Molina Healthcare of Virginia	https://www.molinahealthcare.com/members/va/en-US/pages/home.aspx 1-800-424-4518	https://www.molinahealthcare.com/members/va/en-us/hp/medicare/medicare.aspx 1-866-403-8293 (TTY: 711)
Sentara Health Plans	https://www.sentarahealthplans.com/members/medicaid 1-844-563-4201	https://www.sentarahealthplans.com/plans/medicare/sentara-community-complete-hmo-d-snp 1-855-434-3267 (TTY: 711)
United Health Care	https://www.uhc.com/communityplan/virginia 1-855-326-9418	https://www.uhc.com/medicare 1-844-589-0514 (TTY: 711)

You can also call the Virginia Managed Care Helpline at 1-800-643-2273 (TTY: 1-800-817-6608) or visit their website at www.VirginiaManagedCare.com. The Managed Care Helpline provides free, unbiased information about your Medicaid enrollment options. They can help you learn more about each Virginia Medicaid MCO, including the extra benefits they offer, and can help you compare Medicaid MCOs to each other so you can make the best choice for your personal situation. You can also switch to a different Medicaid MCO plan by visiting that website or calling 1-800-643-2273 (TTY: 1-800-817-6608).

For questions about Medicare and Medicare Advantage plans, including D-SNPs, you can call the Virginia Insurance Counseling and Assistance Program, or VICAP, at 1-800-552-3402 (TTY 1-800-552-3402). VICAP provides free, confidential information for Medicare enrollees, including people in D-SNPs.

3. I have Medicaid and Medicare. I just got a letter saying I have to switch my Medicaid plan before January 1, 2025. Why?

You received this letter because you are enrolled in both Virginia Medicaid and a Dual Eligible Special Needs Plan (D-SNP) for people with Medicare. Right now, your Medicaid and Medicare plans are managed by two different private insurance companies, or Managed Care Organizations (MCOs). On January 1, 2025, all Virginia Medicaid and D-SNP members will need to be enrolled with the same MCO for Medicaid and Medicare. This is referred to as “exclusively aligned enrollment” – see Question 1 above for more information.

If you have questions about how exclusively aligned enrollment will affect your Medicaid coverage, you can call your MCO’s Member Services line at the number on your Medicaid or Medicare ID card. You can also call our Managed Care Helpline at 1-800-643-2273 (TTY: 1-800-817-6608), or the Virginia Insurance Counseling and Assistance Program, or VICAP, at 1-800-552-3402 (TTY 1-800-552-3402). VICAP provides free, confidential information for Medicare enrollees, including people in D-SNPs.

4. What if I want to stay with my current Medicaid plan?

You can certainly do that! But, please be aware that if you decide to stay with your current Medicaid MCO plan and still want a D-SNP for Medicare, you will need to leave your current D-SNP and enroll with a D-SNP offered by your Medicaid MCO. For example, if you are in Anthem’s Medicaid plan and UnitedHealthcare’s D-SNP and want to stay with Anthem for Medicaid, you would need to leave the UnitedHealthcare D-SNP and enroll with Anthem’s D-SNP.

There are a couple of ways to find out which D-SNPs are available in your area:

- You can contact the Virginia Insurance Counseling and Assistance Program, or VICAP, at 1-800-552-3402 (TTY 1-800-552-3402). VICAP provides free, confidential information for Medicare enrollees,

including people in D-SNPs. VICAP counselors can explain the process and help you find a D-SNP plan offered by your Medicaid MCO.

- You can also look for a new D-SNP yourself online by visiting the Medicare Plan Finder website. You can find the Medicare Plan Finder by visiting www.medicare.gov and selecting the “**Find health and drug plans**” option on that page. The “**Find Plans Now**” button in that section links to the Medicare Plan Finder. From there, you can find information about the D-SNPs offered by your Medicaid MCO. Here’s how:
 - Once you’re on the Medicare Plan Finder website, enter your zip code and select “**Medicare Advantage Plan**” as the type of plan you want. Then, click the button that reads “**Find Plans.**”
 - On the next screen, you will be asked “Do you get help with your costs from one of these programs?”. Select “**Medicaid**” for this question and then click **Next**.
 - On the next screen, you will be asked if you want to see your drug costs when you compare plans. Select your choice of **Yes** or **No**. If you select Yes, you will need to enter information about your prescription drugs. Follow the instructions on the screen, then click **Next**.
 - On the next screen, you will see a list of the Special Needs Plans available in your zip code. In the “**Filter by**” section, click on “**Insurance Carrier,**” and select your Medicaid MCO from the box that appears. Then click “**Apply.**”
 - You will then see a list of the Special Needs Plans offered by your Medicaid MCO. **If you want to stay in a D-SNP, make sure you look at only plans with “D-SNP” in the name.**
 - Some MCOs offer more than one D-SNP. You can compare these plans to each other by selecting the “**Add to compare**” option at the top of the page. You can also compare different MCOs’ D-SNPs to each other using the same option. To do that, change the “Insurance Carrier” filter you added to another MCO, or leave that option blank so you can see multiple MCOs’ D-SNPs.

5. How does exclusively aligned enrollment affect my health coverage?

Exclusively aligned enrollment could affect your health coverage in important ways.

- **You may need to change health plans.** If you have different MCOs for Medicaid and D-SNP coverage, as of January 1, 2025, you will need to change one of your health plans so your coverage is managed by the same MCO. Please see the responses to Questions 2 and 3 above about where to go for help and information.
- **You may not have the same health care providers in a new plan.** Health plans have “provider networks” made up of all the doctors, hospitals, pharmacies, etc., that have agreed to provide services to that plan’s enrollees. If you change either your D-SNP or Medicaid MCO plan, it is not guaranteed

Frequently Asked Questions about Exclusively Aligned Enrollment for Dual Eligible Special Needs Plan Members

that your current health care providers will be in the new plan's network. **This is especially the case with services covered by Medicaid only, such as Home and Community Based Services, behavioral health or addiction recovery services, and non-emergency medical transportation.** Before you switch plans, we recommend that you find out whether your current healthcare providers are enrolled with the MCO you want to switch to. Here are a few suggestions for how to do that.

- You can visit the MCO's website to search their provider network. Each Virginia MCO has a separate website for its D-SNP and Medicaid plans. That information is provided on the last page of this document.
- To search for a Medicaid provider, you can use Virginia Medicaid's provider search page at https://ssa-vaeb.maximus.com/VASelfService/resources/portal/index.html#M/public/provider_search. If you prefer to receive help over the phone, you can call our Managed Care Helpline at 1-800-643-2273 (TTY: 1-800-817-6608).
- For assistance with information and questions on Medicare and D-SNPs, you can contact the following:
 - Medicare Beneficiary Assistance Line: 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048)
 - Virginia Insurance Counseling and Assistance Program, or VICAP, at 1-800-552-3402 (TTY 1-800-552-3402). VICAP provides free, confidential information for Medicare enrollees, including people in D-SNPs.
- **You may need to change care coordinator or care manager.** Virginia Medicaid MCOs and D-SNPs are both required to provide care coordination services to enrollees. Some enrollees have relationships with specific care coordinators, and a change in health plan could mean that they will no longer be able to work with the care coordinator they know.
- **Your "supplemental" or "extra" benefits may change.** Virginia Medicaid MCOs and D-SNPs all offer "supplemental" or "extra" benefits beyond health coverage. For D-SNP enrollees, for example, these can include benefits such as dental and vision services that aren't generally covered by Medicare. All D-SNPs and Medicaid MCOs offer extra benefits, but each plan's benefits are different. If you have become used to receiving certain extra benefits, a switch of Medicaid plan or D-SNP could result in a change in your extra benefits. If you're considering switching plans, we recommend that you look into your possible new plan's extra benefits to make sure you won't be losing important benefits you need:
 - To learn about Virginia Medicaid MCOs' extra benefits, check out our Health Plan Comparison Chart at

https://www.virginiamanagedcare.com/sites/default/files/Documents/VA_CardinalCare_English.pdf.

- To learn about D-SNP extra benefits, visit the Medicare Plan Finder website and search for the D-SNP plan that interests you. Check out the response to Question 3 above for instructions. Each D-SNP's entry on the Medicare Plan Finder includes information on the extra benefits it offers.

6. *What are my options for coverage after January 1, 2025?*

D-SNP enrollees have several choices for dual Medicare/Medicaid coverage after January 1, 2025.

- **You can stay in your current Medicaid plan.** If you want to take advantage of exclusively aligned enrollment but stay with your current Medicaid MCO, you can switch from your current D-SNP to a D-SNP offered by your Medicaid MCO. See Question 3 above for information on how to do that.
- **You can switch to the Medicaid MCO plan offered by your D-SNP MCO.** If you prefer to stay with your current D-SNP, you can enroll in the Medicaid plan offered by your D-SNP MCO. If you want to stay with your current D-SNP, you don't need to do anything. On January 1, 2025, you will be moved automatically to your D-SNP MCO's Medicaid plan. You can also request a switch yourself by calling our Managed Care Helpline at 1-800-643-2273 (TTY: 1-800-817-6608) or by visiting [VirginiaManagedCare.com](https://www.VirginiaManagedCare.com). We strongly encourage you to review the response to Question 3 above so you understand the impact to your Medicaid coverage of switching to a new Medicaid MCO plan.
- **You can switch to Original Medicare.** "Original" Medicare is the Medicare coverage most people have when they become eligible for Medicare. In Original Medicare, enrollees can visit any health care provider that accepts Medicare. There are no "provider networks" as with D-SNP and Medicaid MCO plans. But, please be aware that if you do choose to re-enroll in Original Medicare, some of your plan benefits will change:
 - **If you decide to return to Original Medicare, you will also need to choose and enroll in a [Medicare Part D drug plan](#) in order to have prescription drug coverage.** D-SNPs are required to provide prescription drug coverage, but Original Medicare does not cover prescription drug costs. To learn more about Medicare Part D and get help with finding a plan, you can contact the Virginia Insurance Counseling and Assistance Program, or VICAP, at 1-800-552-3402 (TTY 1-800-552-3402). VICAP provides free, confidential information for Medicare enrollees, including people in D-SNPs.

You can also find a Medicare Part D plan yourself online by visiting the Medicare Plan Finder website. You can find the Medicare Plan Finder by visiting www.medicare.gov and selecting the "Find health and drug plans" option on that page. The "Find Plans Now" button in that section

Frequently Asked Questions about Exclusively Aligned Enrollment for Dual Eligible Special Needs Plan Members

links to the Medicare Plan Finder. From there, you can find information about the Part D prescription plans offered in your area. Here's how:

- Once you're on the Medicare Plan Finder website, enter your zip code and select "**Medicare drug plan (Part D)**" as the type of plan you want. Then, click the button that reads "**Find Plans.**"
 - On the next screen, you will be asked "Do you get help with your costs from one of these programs?". Select "**Medicaid**" for this question and then click **Next**.
 - On the next screen, you will be asked if you want to see your drug costs when you compare plans. Select your choice of **Yes** or **No**. If you select Yes, you will need to enter information about your prescription drugs. Follow the instructions on the screen, then click **Next**.
 - On the next screen, you will see a list of the Part D drug plans available in your zip code. In the "**Filter by**" section, you have the option to filter the results by "Insurance Carrier," or the company that sponsors the plan, or by "Star ratings." Star ratings provide a way to understand the quality of the drug plan.
- If you switch to Original Medicare, you will no longer receive D-SNP care coordination services or the extra benefits offered by your D-SNP because Original Medicare does not offer these services. You will still be able to get care coordination services, though, because Medicaid MCOs are required to provide care coordination services. Medicaid MCOs also offer extra benefits, but those benefits will be different than those from your D-SNP.
- **You can switch to a different Medicare Advantage plan that is not a D-SNP.** Also known as Medicare Part C, Medicare Advantage provides Medicare coverage through MCOs. If you're in a D-SNP, you are already enrolled in a Medicare Advantage plan (as mentioned in Question 1 above, D-SNPs are special Medicare Advantage plans for dually eligible enrollees). If you don't want to align your Medicare Advantage plan with your Medicaid MCO coverage, you can choose a Medicare Advantage plan that is not a D-SNP. To learn more about Medicare Advantage plans and get help to find a new plan, you can contact the Virginia Insurance Counseling and Assistance Program, or VICAP, at 1-800-552-3402 (TTY 1-800-552-3402). VICAP provides free, confidential information for Medicare enrollees, including people in D-SNPs.

You can also look for a new Medicare Advantage plan yourself online by visiting the Medicare Plan Finder website. You can find the Medicare Plan Finder by visiting www.medicare.gov and selecting the "**Find health and drug plans**" option on that page. The "**Find Plans Now**" button in that section links to the Medicare Plan Finder. From there, you can find information about the D-SNPs offered by your Medicaid MCO. Here's how:

Frequently Asked Questions about Exclusively Aligned Enrollment for Dual Eligible Special Needs Plan Members

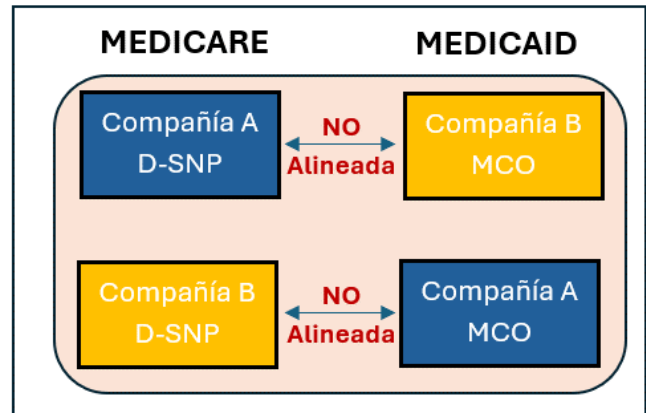
- Once you're on the Medicare Plan Finder website, enter your zip code and select "**Medicare Advantage Plan**" as the type of plan you want. Then, click the button that reads "**Find Plans.**"
- On the next screen, you will be asked "Do you get help with your costs from one of these programs?". Select "**Medicaid**" for this question and then click **Next**.
- On the next screen, you will be asked if you want to see your drug costs when you compare plans. Select your choice of **Yes** or **No**. If you select Yes, you will need to enter information about your prescription drugs. Follow the instructions on the screen, then click **Next**.
- On the next screen, you will see a list of Medicare Advantage plans available in your zip code. You have the option to filter the results by:
 - **Plan Benefits:** Some Medicare Advantage plans offer benefits not covered by Original Medicare, such as vision, dental, transportation or hearing services. You can select one or more of these options to find a plan that includes the benefits you want.
 - **Insurance Carrier:** You can select the MCOs you are interested in using this option.
 - **Drug Coverage:** You can sort the results by plans that do, or do not, offer prescription drug coverage. We strongly recommend dual eligible members select a Medicare Advantage plan that includes drug coverage.
 - **Star Ratings:** The Medicare Stars Program rates the quality of Medicare Advantage plans based on enrollee feedback and the plan's performance on important health care measures. The Medicare Stars Program rates plans with up to five stars. With this option, you can filter the plans by the number of stars achieved.
- **You can take advantage of a new monthly Special Enrollment Period for D-SNP enrollees.** Effective January 1, 2025, Medicare will have a new "Special Enrollment Period" (SEP) for D-SNP enrollees. This SEP allows you to change your D-SNP plan anytime during the year without the need to wait for Medicare Advantage open enrollment. You should be aware that the monthly SEP only allows two options: You can switch to a D-SNP that is aligned with your Medicaid MCO plan, or you can switch back to Original Medicare with a Part D prescription drug plan.

Preguntas frecuentes sobre la inscripción exclusivamente alineada para afiliados del plan de necesidades especiales con doble elegibilidad

1. **Acabo de escuchar sobre algo llamado “inscripción exclusivamente alineada” para personas inscritas tanto en Medicare como en Medicaid. ¿Qué es eso?**

Las personas inscritas tanto en Medicare como en Medicaid, a las que se denomina inscritos “con doble elegibilidad”, reciben cobertura de salud de ambos programas. En Virginia, la mayoría de los inscritos con doble elegibilidad reciben su cobertura de Medicaid de un solo plan de salud (una compañía de seguros privada también conocida como Organización de Atención Administrada o MCO). Para la cobertura de Medicare, los inscritos con doble elegibilidad pueden optar por inscribirse en un Plan de Necesidades Especiales con Doble Elegibilidad o D-SNP, un tipo especial de plan Medicare Advantage diseñado específicamente para inscritos con doble elegibilidad.

Si eligió una MCO para Medicaid y un plan de salud diferente para su D-SNP, su cobertura de salud no está “alineada”, lo que significa que sus beneficios son administrados por dos MCO diferentes. La imagen de la derecha muestra un ejemplo de un plan no alineado en el que el afiliado tiene una MCO diferente para Medicaid y su D-SNP.



Esto puede ser confuso para el afiliado de D-SNP, sus proveedores de atención médica y los planes de salud, ya que se supone que los planes de salud deben coordinar los beneficios de Medicare y Medicaid del afiliado. “Coordinar beneficios” significa que se supone que los planes de salud de Medicare y Medicaid deben trabajar juntos para ayudar al afiliado a mantenerse saludable y aprovechar al máximo su cobertura de salud.

La “inscripción exclusivamente alineada” ocurre cuando un afiliado de D-SNP que es elegible para la cobertura completa de Medicaid recibe sus beneficios de MCO de Medicaid y Medicare de la misma MCO. Esta es una excelente opción para los afiliados de D-SNP porque les ofrece un paquete combinado de beneficios de salud administrados por una sola MCO. Los beneficios de la inscripción exclusivamente alineada incluyen:

- Un solo plan que coordina toda la atención médica.
- Materiales integrados para los afiliados, como una tarjeta de identificación de Medicare/Medicaid, un manual para afiliados y otros documentos que incluyen información sobre la cobertura de Medicare y Medicaid.
- Una red integral de proveedores de atención médica.
- Coordinación oportuna de la atención médica.

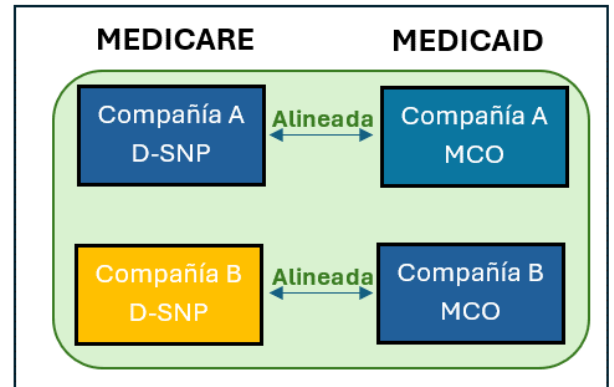
Preguntas frecuentes sobre la inscripción exclusivamente alineada para afiliados del plan de necesidades especiales con doble elegibilidad

- Menos confusión para los afiliados y los proveedores.
- Acceso más fácil a especialistas que tienen contratos con Medicare y Medicaid.
- Mejores resultados de salud.

Si desea alinear su cobertura médica, no necesita hacer nada. El 1 de enero del 2025, pasará automáticamente al plan de Medicaid de su MCO de D-SNP.

2. ¿Qué significa esto para mí?

Si está inscrito en un plan de D-SNP de Virginia, a partir del 1 de enero de 2025, será obligatorio tener una inscripción exclusivamente alineada. Esto significa que deberá estar inscrito en la misma MCO para sus planes de D-SNP y de Medicaid. **Si desea alinear su cobertura médica, no necesita hacer nada. El 1 de enero de 2025, se le trasladará automáticamente al plan de Medicaid de su MCO de D-SNP.**



Utilicemos el ejemplo de una persona que está inscrita en la Compañía A para su plan MCO de Medicaid y en la Compañía B para Medicare. Si esa persona decide quedarse con su plan D-SNP de la Compañía B, el 1 de enero de 2025, Medicaid de Virginia la trasladará al plan MCO de Medicaid de la Compañía B. Medicare exige que los inscritos puedan elegir la cobertura de Medicare, por lo que la elección de D-SNP por parte del inscrito controla su inscripción en el plan MCO de Medicaid. La imagen de arriba muestra cómo se ve un plan alineado, en el que la persona está inscrita tanto en el plan Medicaid de la Compañía A como en el de D-SNP.

Si tiene preguntas sobre cómo afectará la inscripción exclusivamente alineada a su cobertura de Medicaid, incluyendo si tendrá que cambiar algunos de sus proveedores, debe llamar a su D-SNP o a su MCO de Medicaid. Puede encontrar su información de contacto en la siguiente tabla o en el reverso de su tarjeta de identificación del afiliado (ID).

Nombre del Plan de Salud	Información del Plan de Medicaid	Información del D-SNP
Aetna Better Health of Virginia	https://www.aetnabetterhealth.com/virginia/index.html 1-800-279-1878 (TTY: 711)	https://www.aetnabetterhealth.com/virginia-hmosnp/ 1-855-463-0933 (TTY: 711)
Anthem HealthKeepers	https://mss.anthem.com/va/virginia-home.html 1-800-901-0020 (TTY: 711)	https://www.anthem.com/medicare/medicare-advantage-plans/special-needs-plans/dual-special-needs-plans 1-855-949-3321 (TTY: 711)
Molina Healthcare of Virginia	https://www.molinahealthcare.com/members/va/en-US/pages/home.aspx 1-800-424-4518	https://www.molinahealthcare.com/members/va/en-us/hp/medicare/medicare.aspx 1-866-403-8293 (TTY: 711)

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Nombre del Plan de Salud	Información del Plan de Medicaid	Información del D-SNP
Sentara Health Plans	https://www.sentarahealthplans.com/members/medicaid 1-844-563-4201	https://www.sentarahealthplans.com/plans/medicare/sentara-community-complete-hmo-d-snp 1-855-434-3267 (TTY: 711)
United Health Care	https://www.uhc.com/communityplan/virginia 1-855-326-9418	https://www.uhc.com/medicare 1-844-589-0514 (TTY: 711)

También puede llamar a la Línea de Ayuda de Atención Administrada de Virginia al 1-800-643-2273 (TTY: 1-800-817-6608) o visitar su sitio web en www.VirginiaManagedCare.com. La Línea de Ayuda de Atención Administrada proporciona información gratuita e imparcial sobre sus opciones de inscripción en Medicaid. Pueden ayudarlo a obtener más información sobre cada MCO de Medicaid de Virginia, incluidos los beneficios adicionales que ofrecen, y pueden ayudarlo a comparar las MCO de Medicaid entre sí para que pueda tomar la mejor decisión para su situación personal. También puede cambiar a un plan MCO de Medicaid diferente visitando ese sitio web o llamando al 1-800-643-2273 (TTY: 1-800-817-6608).

Si tiene preguntas sobre los planes Medicare y Medicare Advantage, incluyendo los D-SNP, puede llamar al Programa de Asistencia y Asesoramiento sobre Seguros de Virginia (VICAP, por sus siglas en inglés) al 1-800-552-3402 (TTY 1-800-552-3402). VICAP brinda información confidencial y gratuita para los inscritos en Medicare, incluidas las personas en D-SNP.

3. Tengo Medicaid y Medicare. Acabo de recibir una carta que dice que tengo que cambiar mi plan de Medicaid antes del 1 de enero del 2025. ¿Por qué?

Recibió esta carta porque está inscrito en el programa de Medicaid de Virginia y en un Plan de Necesidades Especiales con Doble Elegibilidad (D-SNP) para personas con Medicare. En este momento, sus planes de Medicaid y Medicare están administrados por dos compañías de seguros privadas diferentes u Organizaciones de Atención Administrada (MCO). El 1 de enero del 2025, todos los afiliados de Medicaid de Virginia y D-SNP deberán estar inscritos en la misma MCO para Medicaid y Medicare. Esto se conoce como "inscripción exclusivamente alineada"; consulte la pregunta 1 que apareció anteriormente para obtener más información.

Si tiene preguntas sobre cómo la inscripción exclusivamente alineada afectará su cobertura de Medicaid, puede llamar a la Línea de Servicios para Afiliados de su MCO al número que figura en su tarjeta de identificación de Medicaid o Medicare. También puede llamar a nuestra Línea de Ayuda de Atención Administrada al 1-800-643-2273 (TTY: 1-800-817-6608), o al Programa de Asesoramiento y Asistencia sobre Seguros de Virginia, o VICAP, al 1-800-552-3402 (TTY: 1-800-552-3402). VICAP brinda información gratuita y confidencial para los inscritos en Medicare, incluidas las personas en D-SNP.

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4. *¿Qué pasa si quiero permanecer con mi plan actual de Medicaid?*

¡Claro que puede hacerlo! Pero tenga en cuenta que si decide quedarse con su plan actual de la MCO de Medicaid y aún quiere un D-SNP para Medicare, tendrá que abandonar su D-SNP actual e inscribirse en un D-SNP ofrecido por su MCO de Medicaid. Por ejemplo, si está en el plan Medicaid de Anthem y el D-SNP de UnitedHealthcare y quieres quedarte con Anthem para Medicaid, tendrá que abandonar el D-SNP de UnitedHealthcare e inscribirse en el D-SNP de Anthem.

Hay un par de formas de averiguar qué D-SNP están disponibles en su área:

- Puede comunicarse con el Programa de Asistencia y Asesoramiento sobre Seguros de Virginia (Virginia Insurance Counseling and Assistance Program, VICAP) al 1-800-552-3402 (TTY 1-800-552-3402). VICAP brinda información gratuita y confidencial para los afiliados a Medicare, incluyendo las personas que tienen planes D-SNP. Los asesores de VICAP pueden explicarle el proceso y ayudarlo a encontrar un plan D-SNP ofrecido por su MCO de Medicaid.
- También puede buscar un nuevo plan D-SNP por su cuenta en línea visitando el sitio web del Buscador de Planes de Medicare. Puede encontrar el Buscador de Planes de Medicare visitando www.medicare.gov y seleccionando la opción “Buscar planes de salud y medicamentos” en esa página. El botón “**Buscar planes ahora**” en esa sección lo lleva al Buscador de Planes de Medicare. Desde ahí, puede encontrar información sobre los planes D-SNP ofrecidos por su MCO de Medicaid. A continuación, le indicamos cómo:

- o Una vez que esté en el sitio web del Buscador de planes de Medicare, ingrese su código postal y seleccione “**Plan de Medicare Advantage**” como el tipo de plan que desea. Luego, haga clic en el botón que dice “**Buscar planes**”.
- o En la siguiente pantalla, se le preguntará “¿Recibe ayuda con sus costos de alguno de estos programas?”. Seleccione “**Medicaid**” para esta pregunta y luego haga clic en **Siguiente**.
- o En la siguiente pantalla, se le preguntará si desea ver los costos de sus medicamentos cuando compare planes. Seleccione su elección de **Sí** o **No**. Si selecciona **Sí**, deberá ingresar información sobre sus medicamentos recetados. Siga las instrucciones en la pantalla y luego haga clic en **Siguiente**.
- o En la siguiente pantalla, verá una lista de los Planes de Necesidades Especiales disponibles en su código postal. En la sección “**Filtrar por**”, haga clic en “**Aseguradora**” y seleccione su MCO de Medicaid en el cuadro que aparece. Luego, haga clic en “**Solicitar**”.
- o Luego verá una lista de los Planes de Necesidades Especiales que ofrece su MCO de Medicaid. **Si desea permanecer en un plan D-SNP, asegúrese de buscar solo planes que tengan “D-SNP” en el nombre.**
- o Algunas MCO ofrecen más de un plan D-SNP. Puede comparar estos planes entre sí seleccionando la opción “**Agregar para comparar**” en la parte superior de la página.

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También puede comparar los planes D-SNP de diferentes MCO entre sí utilizando la misma opción. Para ello, cambie el filtro “Compañía aseguradora” que agregó a otro plan MCO o deje esa opción en blanco para poder ver los planes D-SNP de varios MCO.

5. *¿Cómo afecta la inscripción exclusivamente alineada a mi cobertura de salud?*

La inscripción exclusivamente alineada podría afectar su cobertura de salud de maneras importantes.

- **Es posible que deba cambiar de plan de salud.** Si tiene diferentes MCO para la cobertura de Medicaid y D-SNP, a partir del 1 de enero del 2025, deberá cambiar uno de sus planes de salud para que su cobertura sea administrada por la misma MCO. Consulte las respuestas a las preguntas 2 y 3 anteriores sobre dónde buscar ayuda e información.
- **Es posible que no tenga los mismos proveedores de atención médica en un nuevo plan.** Los planes de salud tienen "redes de proveedores" compuestas por todos los médicos, hospitales, farmacias, etc., que han acordado brindar servicios a los inscritos de ese plan. Si cambia su plan D-SNP o MCO de Medicaid, no se garantiza que sus proveedores de atención médica actuales estén en la red del nuevo plan. **Esto es especialmente el caso de los servicios cubiertos solo por Medicaid, como los servicios basados en el hogar y la comunidad, los servicios de salud conductual o de recuperación de adicciones y el transporte médico que no sea de emergencia.** Antes de cambiar de plan, le recomendamos que averigüe si sus proveedores de atención médica actuales están inscritos en la MCO a la que desea cambiarse. A continuación, le ofrecemos algunas sugerencias sobre cómo hacerlo.
 - o Puede visitar el sitio web de la MCO para buscar su red de proveedores. Cada MCO de Virginia tiene un sitio web independiente para sus planes D-SNP y Medicaid. Esa información se proporciona en la última página de este documento.
 - o Para buscar un proveedor de Medicaid, puede utilizar la página de búsqueda de proveedores de Medicaid de Virginia en https://ssa-vaeb.maximus.com/VASelfService/resources/portal/index.html#M/public/provider_search. Si prefiere recibir ayuda por teléfono, puede llamar a nuestra línea de ayuda de atención administrada al 1-800-643-2273 (TTY: 1-800-817-6608).
 - o Para obtener ayuda con información y hacer preguntas sobre Medicare y los D-SNP, puede comunicarse con los siguientes números:
 - Línea de Asistencia para Beneficiarios de Medicare: 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048)
 - Programa de Asesoramiento y Asistencia sobre Seguros de Virginia, o VICAP, al 1-800-552-3402 (TTY 1-800-552-3402). VICAP brinda información gratuita y confidencial para los inscritos en Medicare, incluidas las personas en D-SNP.

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- **Es posible que deba cambiar de coordinador o administrador de atención.** Las MCO de Medicaid de Virginia y los D-SNP deben brindar servicios de coordinación de atención médica a los afiliados. Algunos afiliados tienen relaciones con coordinadores de atención médica específicos y un cambio en el plan de salud podría significar que ya no podrán trabajar con el coordinador de atención médica que conocen.
- **Sus beneficios “complementarios” o “adicionales” pueden cambiar.** Las MCO de Medicaid de Virginia y los D-SNP ofrecen beneficios “complementarios” o “adicionales” más allá de la cobertura de salud. Para los afiliados de D-SNP, por ejemplo, estos pueden incluir beneficios como servicios dentales y de la vista que generalmente no están cubiertos por Medicare. Todas los D-SNP y las MCO de Medicaid ofrecen beneficios adicionales, pero los beneficios de cada plan son diferentes. Si se ha acostumbrado a recibir ciertos beneficios adicionales, un cambio de plan de Medicaid o de D-SNP podría resultar en un cambio en sus beneficios adicionales. Si está considerando cambiar de plan, le recomendamos que consulte los posibles beneficios adicionales de su nuevo plan para asegurarse de que no perderá beneficios importantes que necesita:
 - Para obtener más información sobre los beneficios adicionales de las MCO de Medicaid de Virginia, consulte nuestro Cuadro de comparación de planes de salud en https://www.virginiamanagedcare.com/sites/default/files/Documents/VA_CardinalCare_English.pdf.
 - Para obtener más información sobre los beneficios adicionales de D-SNP, visite el sitio web del Buscador de Planes de Medicare y busque el plan D-SNP que le interese. Consulte la respuesta a la pregunta 3 anterior para obtener instrucciones. Cada plan de D-SNP en el Buscador de planes de Medicare incluye información sobre los beneficios adicionales que ofrece.

6. *¿Cuáles son mis opciones de cobertura después del 1 de enero de 2025?*

Los afiliados de D-SNP tienen varias opciones para la cobertura dual de Medicare/Medicaid después del 1 de enero del 2025.

- **Puede permanecer en su plan actual de Medicaid.** Si desea aprovechar la inscripción exclusivamente alineada, pero permanecer con su MCO de Medicaid actual, puede cambiar de su D-SNP actual a un D-SNP ofrecido por su MCO de Medicaid. Consulte la pregunta 3 anterior para obtener información sobre cómo hacerlo.
- **Puede cambiar al plan MCO de Medicaid ofrecido por su MCO D-SNP.** Si prefiere permanecer con su D-SNP actual, puede inscribirse en el plan de Medicaid ofrecido por su MCO D-SNP. Si desea permanecer con su D-SNP actual, no necesita hacer nada. El 1 de enero del 2025, se le trasladará

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automáticamente al plan de Medicaid de su MCO D-SNP. También puede solicitar un cambio usted mismo llamando a nuestra línea de ayuda de atención administrada al 1-800-643-2273 (TTY: 1-800-817-6608) o visitando VirginiaManagedCare.com. Le recomendamos encarecidamente que revise la respuesta a la Pregunta 3 anterior para que comprenda el impacto que tendrá en su cobertura de Medicaid cambiar a un nuevo plan MCO de Medicaid.

- **Puede cambiarse a Medicare Original.** Medicare “Original” es la cobertura de Medicare que la mayoría de las personas tienen cuando son elegibles para Medicare. En Medicare Original, los inscritos pueden visitar cualquier proveedor de atención médica que acepte Medicare. No existen “redes de proveedores” como en los planes D-SNP y MCO Medicaid, pero tenga en cuenta que si decide volver a inscribirse en Medicare Original, algunos de los beneficios de su plan cambiarán:

- **Si decide volver a Medicare Original, también deberá elegir e inscribirse en un plan de medicamentos de la Parte D de Medicare para tener cobertura de medicamentos recetados.** Los D-SNP deben brindar cobertura de medicamentos recetados, pero Medicare Original no cubre los costos de estos medicamentos. Para obtener más información sobre la Parte D de Medicare y obtener ayuda para encontrar un plan, puede comunicarse con el Programa de Asistencia y Asesoramiento sobre Seguros de Virginia (Virginia Insurance Counseling and Assistance Program, VICAP) al 1-800-552-3402 (TTY 1-800-552-3402). VICAP brinda información gratuita y confidencial para los afiliados a Medicare, incluidas las personas en D-SNP.

También puede buscar en línea un plan de la Parte D de Medicare por su cuenta visitando el sitio web Buscador de Planes de Medicare. Puede encontrar el Buscador de Planes de Medicare visitando <https://www.medicare.gov/> y seleccionando la opción “**Buscar Planes de Salud y Medicamentos**” en esa página. El botón “**Buscar planes ahora**” en esa sección lo lleva al Buscador de planes de Medicare. Desde allí, puede encontrar información sobre los planes de medicamentos recetados de la Parte D que se ofrecen en su área. A continuación, le indicamos cómo hacerlo:

- Una vez que esté en el sitio web del Buscador de Planes de Medicare, ingrese su código postal y seleccione “**Plan de medicamentos de Medicare (Parte D)**” como el tipo de plan que desea. Luego, haga clic en el botón que dice “**Buscar planes**”.
- En la siguiente pantalla, se le preguntará “¿Recibe ayuda con sus costos de uno de estos programas?”. Seleccione “**Medicaid**” para esta pregunta y luego haga clic en **Siguiente**.
- En la siguiente pantalla, se le preguntará si desea ver sus costos de medicamentos cuando compare planes. Seleccione su opción de **Sí** o **No**. Si selecciona **Sí**, deberá ingresar información sobre sus medicamentos recetados. Siga las instrucciones en la pantalla y luego haga clic en **Siguiente**.

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- En la siguiente pantalla, verá una lista de los planes de medicamentos de la Parte D disponibles en su código postal. En la sección “**Filtrar por**”, tiene la opción de filtrar los resultados por “Compañía aseguradora”, o la compañía que patrocina el plan, o por “Calificaciones con estrellas”. Las calificaciones con estrellas brindan una forma de comprender la calidad del plan de medicamentos.
- Si se cambia a Medicare Original, ya no recibirá los servicios de coordinación de atención médica de D-SNP ni los beneficios adicionales que ofrece su D-SNP porque Medicare Original no ofrece estos servicios. Sin embargo, podrá seguir recibiendo servicios de coordinación de atención médica, ya que las MCO de Medicaid están obligadas a brindar servicios de coordinación de atención médica. Las MCO de Medicaid también ofrecen beneficios adicionales, pero esos beneficios serán diferentes a los de su D-SNP.
- **Puede cambiarse a un plan Medicare Advantage diferente que no sea un D-SNP.** También conocido como Medicare Parte C, Medicare Advantage brinda cobertura de Medicare a través de las MCO. Si está en un D-SNP, ya está inscrito en un plan Medicare Advantage (como se mencionó en la Pregunta 1 anterior, los D-SNP son planes Medicare Advantage especiales para inscritos con doble elegibilidad). Si no desea alinear su plan Medicare Advantage con su cobertura de MCO de Medicaid, puede elegir un plan Medicare Advantage que no sea un D-SNP. Para obtener más información sobre los planes Medicare Advantage y obtener ayuda para encontrar un nuevo plan, puede comunicarse con el Programa de Asistencia y Asesoramiento sobre Seguros de Virginia, o VICAP, al 1-800-552-3402 (TTY 1-800-552-3402). VICAP brinda información gratuita y confidencial para los inscritos en Medicare, incluidas las personas en D-SNP.

También puede buscar un nuevo plan Medicare Advantage por su cuenta en línea visitando el sitio web Buscador de Planes de Medicare. Puede encontrar el Buscador de Planes de Medicare visitando <https://www.medicare.gov/> y seleccionando la opción “**Buscar Planes de Salud y Medicamentos**” en esa página. El botón “**Buscar planes ahora**” en esa sección lo lleva al Buscador de planes de Medicare. Desde ahí, puede encontrar información sobre los D-SNP que ofrece su MCO de Medicaid. A continuación, le indicamos cómo hacerlo:

- Una vez que esté en el sitio web Buscador de Planes de Medicare, ingrese su código postal y seleccione “Medicare Advantage Plan” como el tipo de plan que desea. Luego, haga clic en el botón que dice “**Buscar planes**”
- En la siguiente pantalla, se le preguntará “¿Recibe ayuda con sus costos de alguno de estos programas?”. Seleccione “**Medicaid**” para esta pregunta y luego haga clic en **Siguiente**.

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- En la siguiente pantalla, se le preguntará si desea ver los costos de sus medicamentos cuando compare planes. Seleccione su opción de **Sí** o **No**. Si selecciona Sí, deberá ingresar información sobre sus medicamentos recetados. Siga las instrucciones en la pantalla y luego haga clic en **Siguiente**.
- En la siguiente pantalla, verá una lista de planes Medicare Advantage disponibles en su código postal. Tiene la opción de filtrar los resultados por:
 - **Beneficios del plan:** algunos planes Medicare Advantage ofrecen beneficios que no cubre Medicare Original, como servicios de visión, dentales, de transporte o de audición. Puede seleccionar una o más de estas opciones para encontrar un plan que incluya los beneficios que desea.
 - **Compañía aseguradora:** puede seleccionar las MCO que le interesan utilizando esta opción.
 - **Cobertura de medicamentos:** puede ordenar los resultados por planes que ofrecen o no cobertura de medicamentos recetados. Recomendamos enfáticamente que los afiliados con doble elegibilidad seleccionen un plan Medicare Advantage que incluya cobertura de medicamentos.
 - **Calificaciones con estrellas:** el programa Medicare Stars califica la calidad de los planes Medicare Advantage según los comentarios de los afiliados y el desempeño del plan en importantes medidas de atención médica. El programa Medicare Stars califica los planes con hasta cinco estrellas. Con esta opción, puede filtrar los planes por la cantidad de estrellas obtenidas.
- **Puede aprovechar un nuevo Periodo de inscripción especial mensual para los afiliados de D-SNP.** A partir del 1 de enero del 2025, Medicare tendrá un nuevo “Periodo de Inscripción Especial” (SEP, por sus siglas en inglés) para los afiliados de D-SNP. Este SEP le permite cambiar su plan de D-SNP en cualquier momento durante el año sin la necesidad de esperar a la inscripción abierta de Medicare Advantage. Debe tener en cuenta que el SEP mensual solo permite dos opciones: puede cambiar a un D-SNP que esté alineado con su plan MCO de Medicaid o puede volver a Medicare Original con un plan de medicamentos recetados de la Parte D.