

# CalAIM Managed Long Term Services and Supports (MLTSS) and Duals Integration Workgroup

# How to Add Your Organization to Your Zoom Name

- » Click on the "Participants" icon at the bottom of the window.
- » Hover over your name in the "Participants" list on the right side of the Zoom window and click "More."
- » Select "Rename" from the drop-down menu.
- » Enter your name and add your organization as you would like it to appear.
  - For example: Cassidy Acosta – Aurrera Health Group

# Agenda

- » Welcome and Introductions
- » 2025 D-SNP State Medicaid Agency Contract (SMAC) and Policy Guide Updates
- » 2024 EAE D-SNP Default Enrollment Pilot Updates and Stakeholder Q&A
- » Medicare Enrollment Data for Dual Eligible Members, D-SNP Dashboard, and Stakeholder Q&A
- » Enhanced Care Management (ECM) and Community Supports Quarterly Implementation Report Release and Stakeholder Q&A
- » 2025 CMS Medicare Advantage and Part D Final Rule Updates and Stakeholder Q&A
- » Next Steps and Future Meeting Topics

# Workgroup Purpose and Structure

- » Serve as stakeholder collaboration hub for CalAIM MLTSS and integrated care for dual eligible beneficiaries. Provide an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for upcoming changes for Medicare and Medi-Cal.
- » Open to the public. [Charter posted](#) on the Department of Health Care Services (DHCS) website.
- » ***We value our partnership with plans, providers, advocates, beneficiaries, caregivers, and the Centers for Medicare & Medicaid Services (CMS) in developing and implementing this work.***

# **2025 D-SNP SMAC and Policy Guide Updates**

# 2025 EAE and Non-EAE SMAC Templates

- » Reminder: All D-SNPs must have a State Medicaid Agency Contract (SMAC) with DHCS.
- » DHCS has finalized SMAC templates, which reflect feedback from stakeholders, advocates, and plans and align with CalAIM integration goals for 2025.
- » SMACs will be shared with plans for review and signature in early June.

## 2025 EAE versus Non-EAE SMAC Sections

Section	EAE	Non-EAE
Care Coordination	✓	✓
Information Sharing	✓	✓
Integrated Materials	✓	
Supplemental Benefits	✓	
Quality and Data Reporting	✓	✓
Consumer Participation in Governance Boards	✓	✓
Provider Network Reporting Requirements	✓	✓
Continuity of Care	✓	✓
Medicare Encounter Data Reporting	✓	✓
Integrated Appeals and Grievances	✓	

*\*Note: This table does not cover every section of the SMAC*

# 2025 SMAC and D-SNP Policy Guide

- » The 2025 EAE and Non-EAE SMAC templates refer to the 2025 CalAIM D-SNP Policy Guide.
- » Similar to 2024, the 2025 Policy Guide will contain multiple chapters with detailed operational requirements and instructions for D-SNPs. It is available on the DHCS website here:  
<https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx>
- » DHCS intends to release D-SNP Policy Guide chapters on a rolling basis by summer/early fall 2024.



# Proposed 2025 D-SNP Policy Guide

## Chapters

- » Care Coordination (released December 2023)
- » Integrated Materials and Marketing (TBD – release May 2024)
- » Aligned Network Guidance
- » Medicare Continuity of Care
- » Quality Metrics and Reporting Requirements
- » Dental Benefits
- » Medicare Encounter Data

# 2024 vs. 2025 D-SNP Policy Guide

Section	2024		Proposed 2025	
	EAE	Non-EAE	EAE	Non-EAE
Care Coordination	✓	✓	✓	✓
Aligned Network Guidance	✓	✓	✓	✓
Medicare Continuity of Care	✓	✓	✓	✓
Quality and Reporting Requirements	✓	✓	✓	✓
Integrated Materials	✓		✓	
Dental Benefits	✓	✓	✓	✓
Medicare Encounter Data Submission	Forthcoming		TBD	
2024 Default Enrollment Pilot	Forthcoming	N/A	N/A	

*\*2024 D-SNP Policy Guide Appendices Include: 2024 CA-Specific MOC Matrix, LTSS Questions, Dental Benefits Fact Sheet, and Scenarios for ECM CoC*

# Questions?



# **2024 EAE D-SNP Default Enrollment Pilot**

# 2024 EAE D-SNP Default Enrollment Pilot in California

- » DHCS is launching a D-SNP Default Enrollment Pilot in 2024 with three Medi-Medi Plans in two counties (San Mateo and San Diego) in mid-2024.
- » When a member enrolled in one of the pilot MCPs becomes eligible for Medicare (either due to age or disability), the member will receive two notices, and will be automatically enrolled into their MCP's integrated D-SNP, unless the member chooses a different Medicare option.

# Limited Impact of 2024 EAE D-SNP Default Enrollment Pilot

» The pilot does NOT impact:

- Dual eligible Members who are already enrolled in Medicare, or
- Individuals already enrolled in Medicare who newly enroll in Medi-Cal.

» This pilot impacts a small number of members each month.

- For example, in San Diego County, 157 members in Community Health Group who will be newly eligible for Medicare in August 2024.

# What is D-SNP Default Enrollment?

- » **Default Enrollment:** Federal rules allow states to approve D-SNPs to enroll newly dual eligible members of their MCP into their affiliated D-SNP.
- » When a member enrolled in one of the pilot Medi-Cal MCPs becomes eligible for Medicare (either due to age or disability), the member will receive two notices, and will be automatically enrolled into their MCP's integrated D-SNP, unless the member chooses a different Medicare option, such as Original Medicare or another Medicare Advantage Plan.
- » **Default enrollment expands enrollment into integrated care plans for newly dual eligible members and supports continuity of care with a member's Medi-Cal providers.**

# D-SNP Default Enrollment in Other States

- » As of October 23, 2023, 12 states and Puerto Rico are approved to use the default enrollment mechanism (AZ, CO, HI, KY, NM, NY, OR, PA, PR, TN, UT, VA, WI).
- » CMS includes guidance on D-SNP default enrollment in its annual [MA Enrollment and Disenrollment Guidance](#).



# Plans Participating in the 2024 EAE D-SNP Default Enrollment Pilot

- » **Community Health Group (CHG) in San Diego** is currently approved for the pilot. CHG members newly eligible for Medicare in August 2024 will receive 60 day notices on **June 1, 2024**.
- » Two MCPs in San Mateo County are pending approval for the pilot.
- » CHG and Health Plan of San Mateo have met with local stakeholders to discuss the pilot.

# EAE D-SNP Default Enrollment Pilot Health Plan Outreach

- » In the Default Enrollment pilot, a member will receive a written notice both 60-days and 30-days before the month they become eligible for Medicare.
  - This notice will come with a choice to join a Medi-Medi Plan and information about how a member can decline enrollment prior to the effective date.
  - The notices include contact information of organizations that can help members make a choice, including the Health Insurance Counseling and Advocacy Program (HICAP), the Medicare Medi-Cal Ombudsman Program (MMOP), and Medicare.gov.
- » A member will also receive a phone call from their Medi-Cal Plan.
- » Notices were reviewed by advocates, stakeholders, DHCS, and CMS.

# Making a Medicare Choice

- » If a member is eligible for the Default Enrollment Pilot, they can still choose their Medicare coverage:
  - **Option 1:** If a member wants to be enrolled in their Medi-Cal plan's Medi-Medi Plan, they don't have to do anything. Enrollment in a Medi-Medi Plan will start the month the member becomes eligible for Medicare.
  - **Option 2:** If a member does **not** want their Medi-Cal plan to provide their Medicare coverage, they can choose another option, such as Original Medicare or another Medicare Advantage plan.
- » Beneficiary enrollment in Medi-Medi Plans is **voluntary**.
  - Members have the option to choose which Medicare delivery service they enroll in.

# D-SNP Default Enrollment Pilot Continuity of Care

- » In most cases, members can keep their primary care physician or specialist when they join a Medi-Medi Plan. Members won't pay a premium, or pay for doctor visits or other medical care, if they go to a provider that works with their Medi-Medi Plan.

# EAE D-SNP Default Enrollment Pilot Oversight and Monitoring in California

- » **Oversight and Monitoring:** DHCS will work closely with plans, advocates, and CMS to monitor implementation. Plans will report frequently to DHCS on enrollment results. DHCS will solicit advocate/MMOP/HICAP feedback and respond timely.
- » DHCS can instruct the plans to halt default enrollment should any significant problems occur.

# CMS Monitoring of Default Enrollment in Other States

- » CMS monitors enrollment cancellations and rapid disenrollments within 90 days of the default enrollment.
  - Based on data between 2021-2022, approximately 23% of eligible beneficiaries cancel their enrollments prior to the enrollment effective date (meaning the beneficiary chooses another Medicare Advantage or Part D plan prior to the first month the individual is eligible for Medicare Parts A and B).
  - Approximately 8% of beneficiaries disenroll after enrollment into a participating D-SNP via default in the first 90 days of enrollment.

# EAE D-SNP Default Enrollment Pilot

## Stakeholder Engagement

- » The pilot includes:
  - Frequent reporting to DHCS and stakeholders.
  - Close communication between plans, DHCS, CMS, and Medicare Medi-Cal Ombudsman Program of any issues and immediate resolution.
- » Local stakeholders, advocates, CMS, and others reviewed the Default Enrollment plan notices.
- » Health plans participating in the pilot and DHCS have met with stakeholders in San Diego and San Mateo Counties prior to the launch of the pilot.

# Questions?





# **Medicare Enrollment Data for Dual Eligible Members and D-SNP Dashboard**

# **Update: Medicare Enrollment Data for Dual Eligible Members**



# Reminder: Medicare Delivery Systems for Dual Eligible Beneficiaries

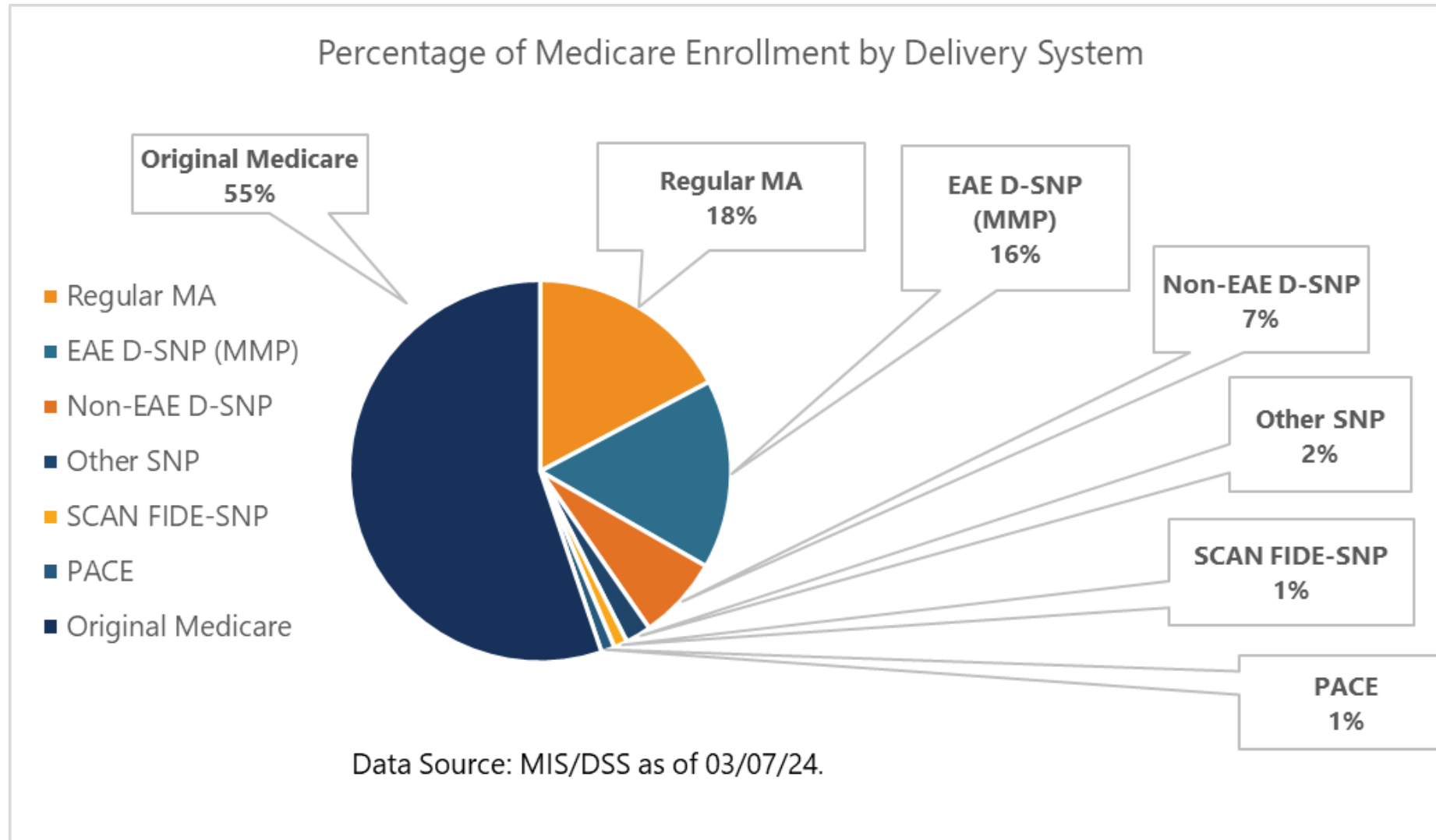
- » **Original Medicare (Fee-for-Service):** The original system where Medicare pays providers for each service rendered.
- » **Regular Medicare Advantage (MA):** Plans serve both dual eligible and Medicare-only members and are not required to have written agreements with DHCS for benefit and care coordination.
- » **Dual Eligible Special Needs Plans (D-SNPs):** Medicare Advantage plans that provide specialized care and wrap around services to members that are dually eligible for both Medicaid and Medicare. D-SNPs must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency, DHCS, in California.
  - **Medicare Medi-Cal Plans (Medi-Medi Plans aka EAE D-SNPs):** These plans meet integrated D-SNP care coordination requirements with integrated member materials, integrated appeals & grievances, and membership is limited to dual eligible members who are also enrolled in the Medi-Cal Managed Care Plan (MCP) affiliated with the D-SNP.
  - **Non-EAE D-SNPs:** These plans either have an affiliated Medi-Cal MCP but are not in counties that offer Medi-Medi Plans yet or are do not have an affiliated Medi-Cal MCP.

# Medicare Delivery Systems for Dual Eligible Beneficiaries (cont.)

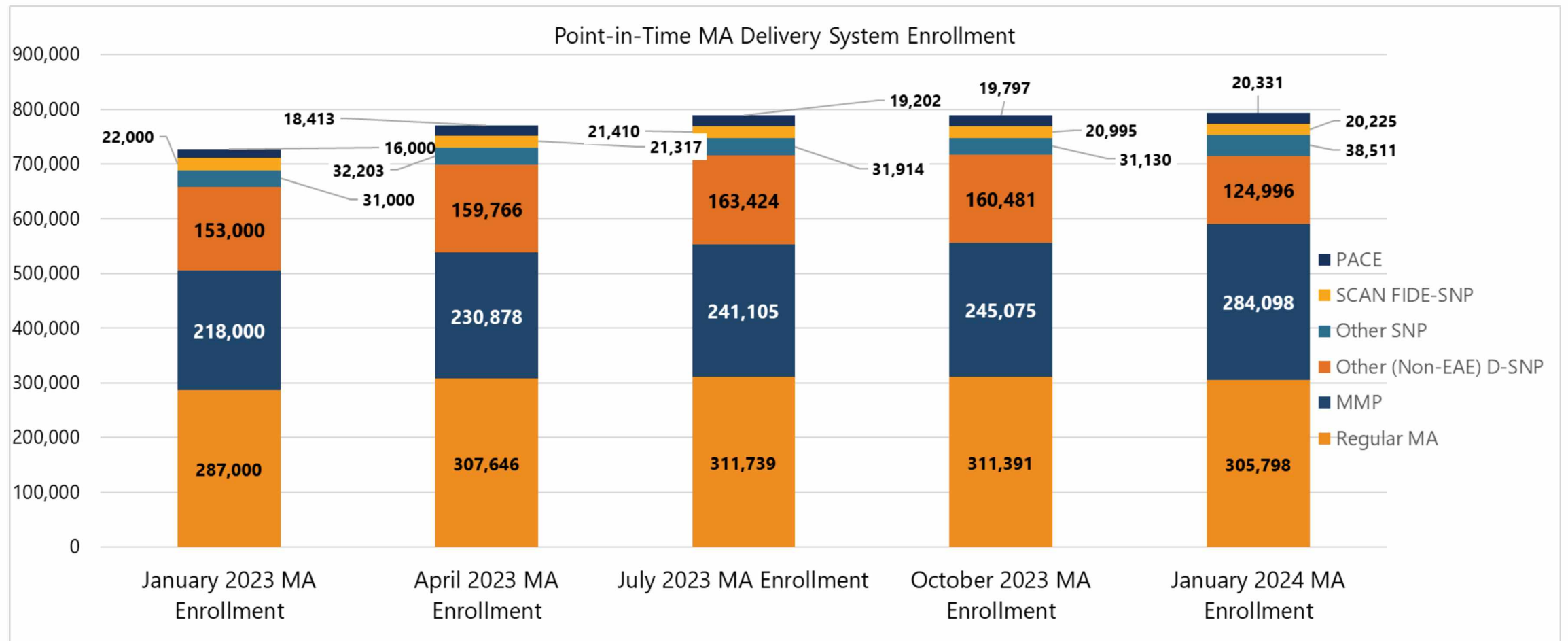
## » Other Integrated Care Options

- **Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP):** California has one FIDE SNP operated by SCAN that provides integrated Medicare and Medi-Cal benefits to dually eligible members.
- **Program of All-Inclusive Care for the Elderly (PACE):** PACE is an integrated care model that provides medical and long-term services and supports to individuals aged 55 and older who meet the criteria for a nursing facility level of care, most of whom are dually eligible. California has a number of PACE organizations.
- **Other Special Needs Plans (SNPs):** Examples include Chronic Conditions Special Needs Plans (C-SNPs) and Institutional Special Needs Plans (I-SNPs).

# Medicare Delivery System Enrollment for 1.7 million Dual Eligibles in California (January 2024)



# Point-In-Time Medicare Advantage Delivery System Enrollment



# Update: D-SNP Dashboard



# Cal MediConnect/D-SNP Dashboard Report

- » For many years, DHCS has published a quarterly report of enrollment, demographics, and quality measures on the Cal MediConnect demonstration.
- » DHCS is transitioning the Cal MediConnect Dashboard to a D-SNP Dashboard.
- » For the coming months, there will be a combined Cal MediConnect and D-SNP Dashboard, with data being released about Cal MediConnect Plans and D-SNPs, due to data lag for reporting.

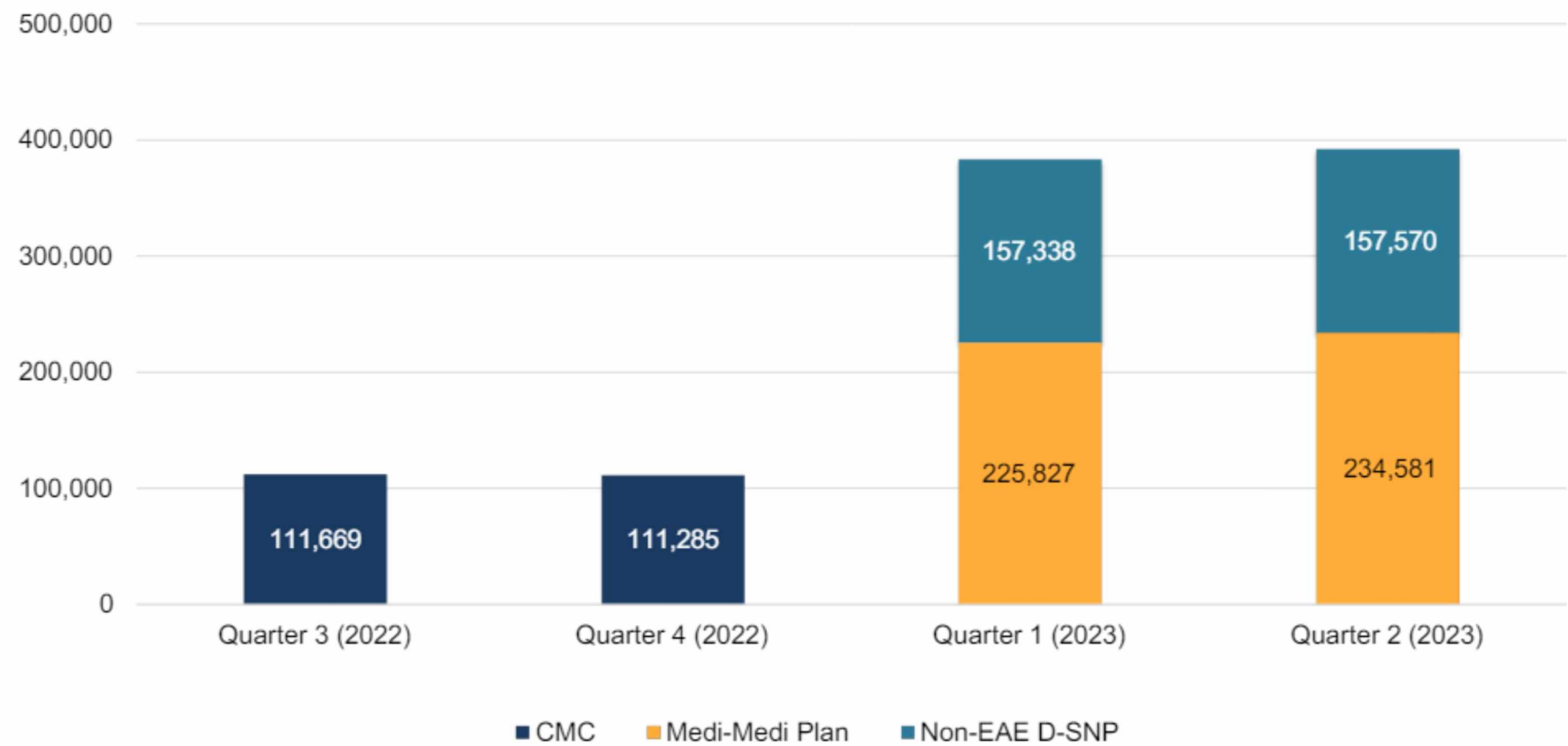


# 2023 Quarter 2 Dashboard Update

- » Overall MMP enrollment shows a significant increase, while enrollment in non-EAE D-SNPs remained stable.
- » Compared to non-EAE D-SNP members, MMP members are more likely to be Hispanic (43% of MMP members in Quarter 2, compared to 28% of non-EAE D-SNP members), consistent with Quarter 1 findings.
- » DHCS is analyzing results from Care Coordination measures. The next dashboard publication (Q3 data) will have 2023 Q1- Q3 care coordination measures, as well as Q2 and Q3 LTSS measures.

# D-SNP Enrollment by Plan Type

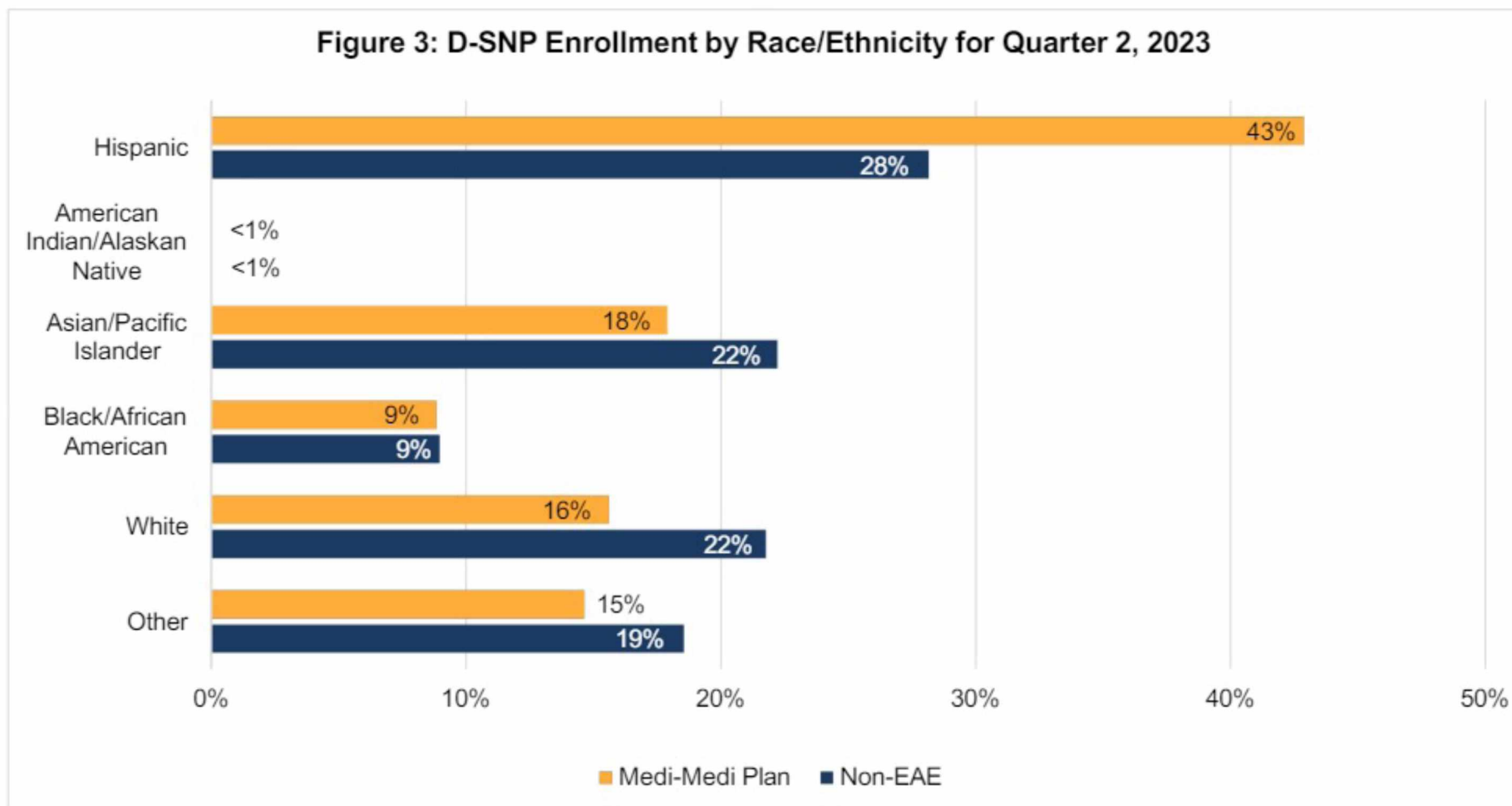
Figure 1: D-SNP Plan Enrollment for Quarter 2, 2023



Data Source: Medi-Cal Eligibility Data System (MEDS) Data in the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS); Data is as of the 1st day of the last month of each quarter.

Note: MMP and non-EAE total enrollment in Quarter 1 of 2023 may not match a prior report due to data refresh. For purposes of this report, the most recent total enrollment data is used. Therefore, there may be differences in totals when compared with a prior report

# D-SNP Enrollment by Race/Ethnicity



Data Source: Medi-Cal Eligibility Data System (MEDS) Data in the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS); Data is as of the 1st day of the last month of each quarter.

Note: American Indian/Alaskan Native has a low number of members reporting. For more information please refer to the de-identification guidelines for low numbers.

# D-SNP Enrollment by Sex

Figure 6a: Enrollment by Sex for Quarter 2, 2023 (Medi-Medi Plans)

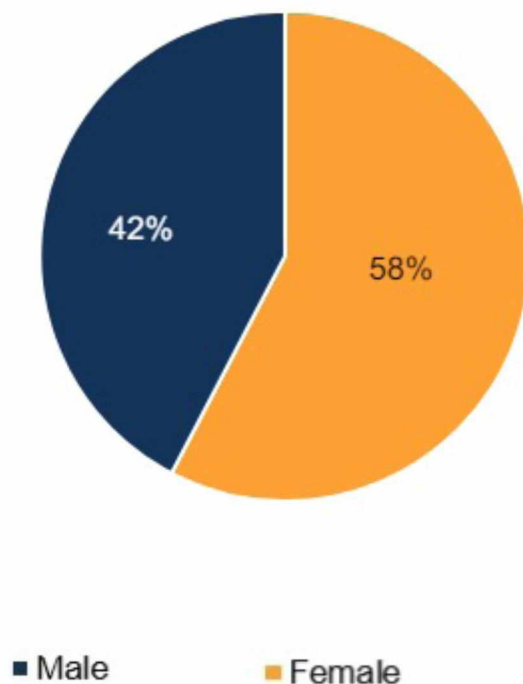
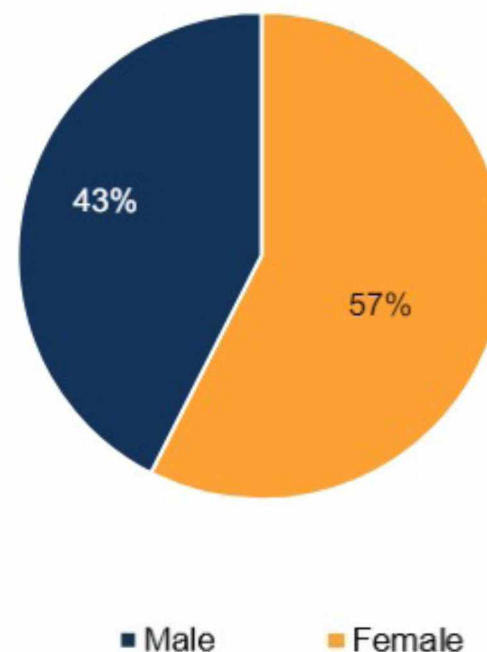
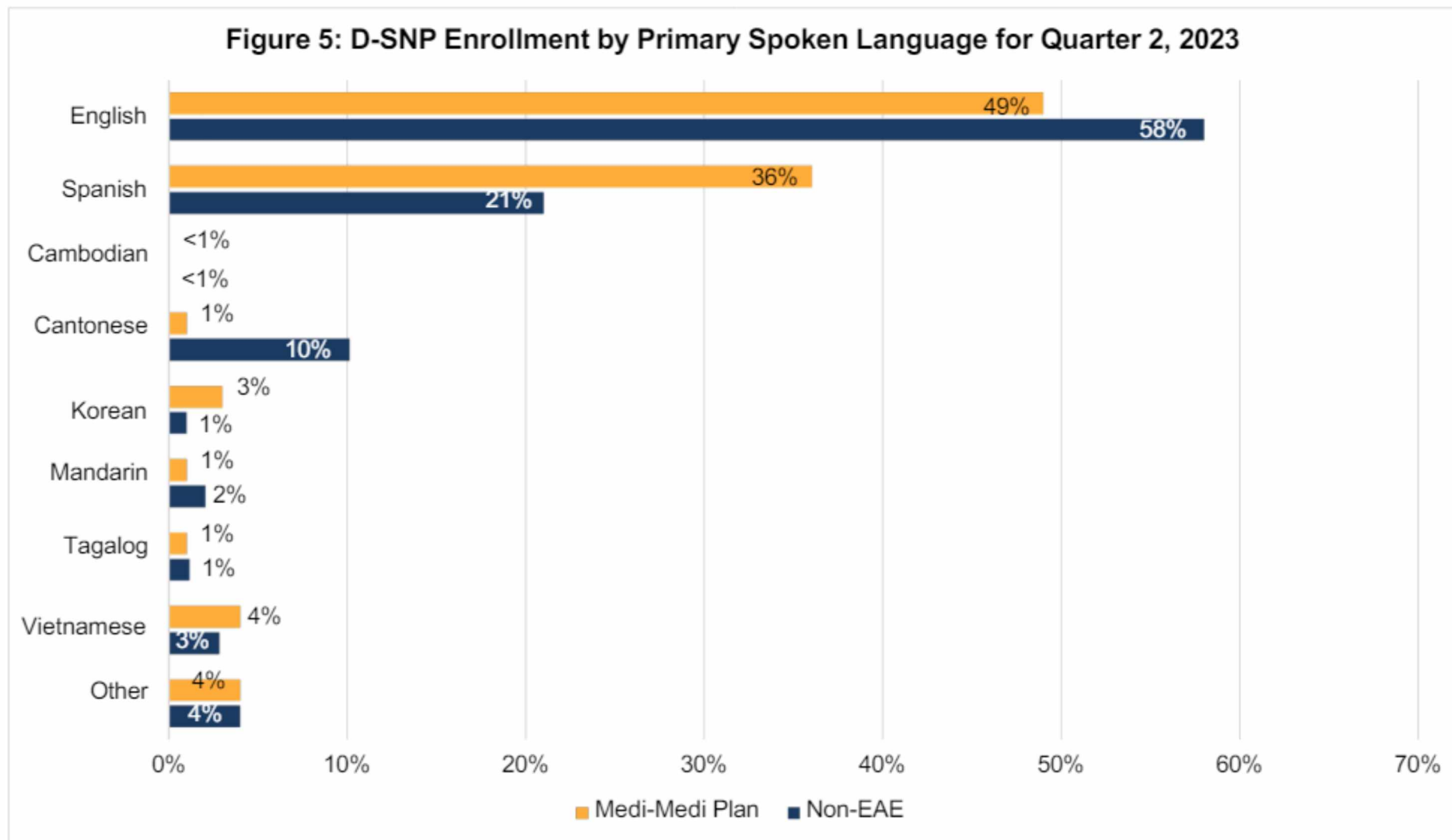


Figure 6b: Enrollment by Sex for Quarter 2, 2023 (Non-EAE)



Data Source: Medi-Cal Eligibility Data System (MEDS) Data in the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS); Data is as of the 1st day of the last month of each quarter.

# D-SNP Enrollment by Primary Spoken Language



Data Source: Medi-Cal Eligibility Data System (MEDS) Data in the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS); Data is as of the 1st day of the last month of each quarter.

Note: Other is a roll-up of several representative categories of primary spoken language. Details are available upon request.

# Questions?



# **Enhanced Care Management and Community Supports Quarterly Implementation Report Release**

# Enhanced Care Management and Community Supports Overview

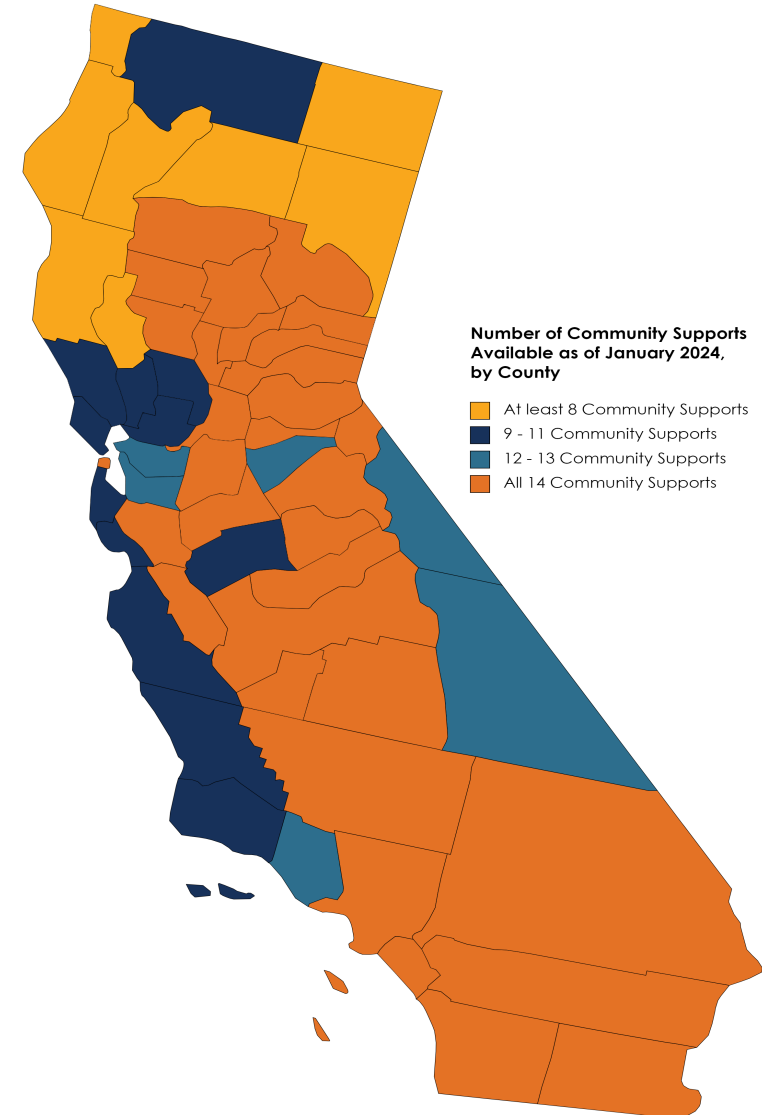
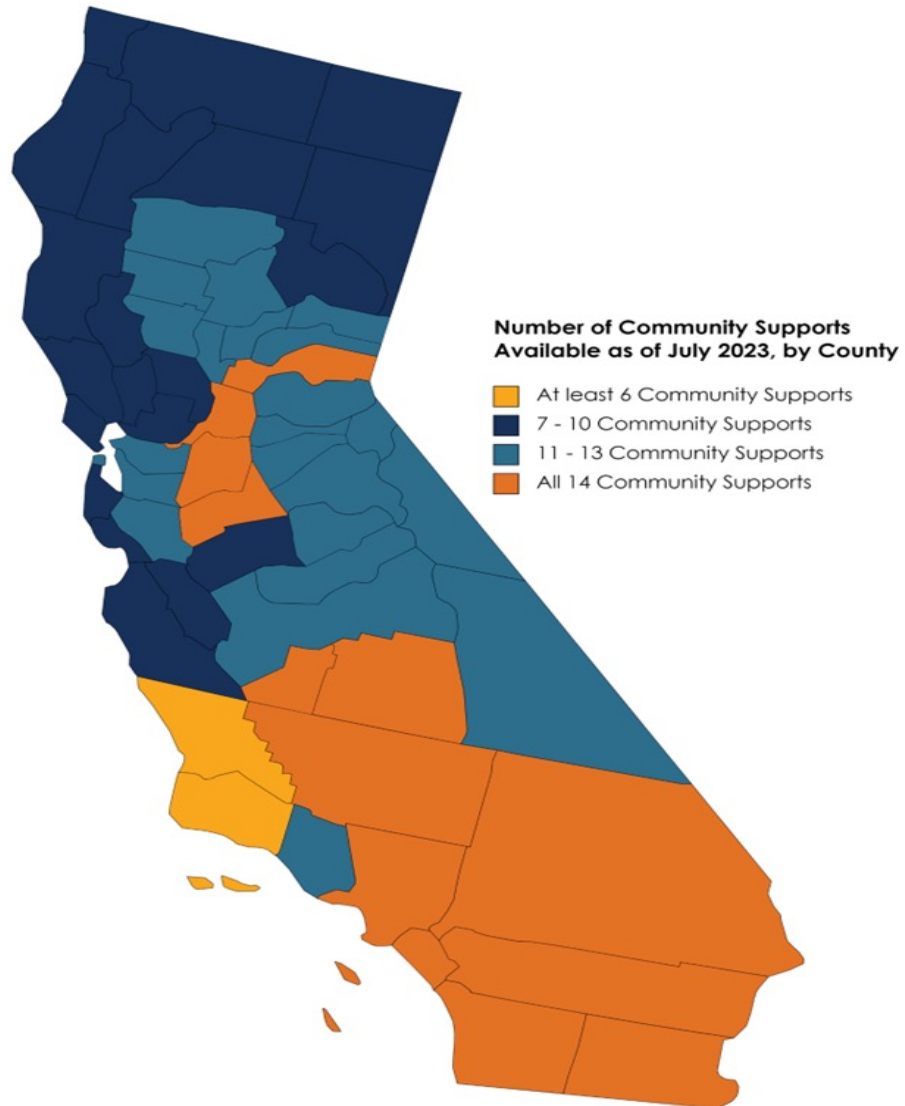
- » [The ECM and CS Quarterly Implementation Report](#) was updated April 2024 and reflects data from January 1, 2022, to September 30, 2023, and includes the total population receiving Enhanced Care Management (ECM) and Community Supports (CS).
- » Dual eligible beneficiaries can access all available CS through their Medi-Cal plan regardless of enrollment in Original Medicare or a Medicare Advantage (MA) plan. If the MA plan offers supplemental benefits comparable to CS, Medicare is the lead.
- » Dual eligible beneficiaries are most likely to fall into one of the following ECM Populations of Focus (POF):
  - Adults Experiencing Homelessness
  - Adults at Risk for Avoidable Hospital or Emergency Department (ED) Utilization
  - Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
  - Adults Transitioning from Incarceration
  - Adults Living in the Community and At Risk for Long-Term Care Institutionalization
  - Adult Nursing Facility Residents Transitioning to the Community



# **CalAIM Community Supports: Q4 2023 Update**

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# MCP Elections



# A Commitment to Public Transparency: The ECM and Community Supports Quarterly Implementation Report

- » On April 4, DHCS published the latest [ECM and Community Supports Quarterly Implementation Report](#) with data through Q3 2023 – the first public release of Children & Youth POF data.
- » This report provides key public updates about implementation of the programs, enables MCPs to understand their performance relative to their peers, and supports local collaboration between stakeholders on ECM and Community Supports implementation.
- » This report includes state-, county-, and plan-level data and summarizes cumulative and quarterly enrollment trends for the two programs, including total members and members under age 21 (the age cut-off for most Children & Youth POFs) utilizing ECM in each quarter.
- » DHCS plans to release regular updates to this report following each quarterly submission of data by MCPs.
  - The Q4 2023 data release is planned for late July 2024.



# Dual Eligible Beneficiaries Receiving Community Supports (2022-Current)

Cumulative numbers of dual eligible beneficiaries who received CS:

» Q1 (2022) – 3,139

» Q2 (2022) – 4,511

» Q3 (2022) – 5,874

» Q4 (2022) – 7,917

» Q1 (2023) – 12,480

» Q2 (2023) – 19,044

» Q3 (2023) – 26,536

» Q4 (2023) – 38,277

Dual eligible beneficiaries represent **just over 28%** of the total members who received CS in Q4 2023.

# Duals Receiving CS in Q4 2023

» Utilization Highlights for Dual Eligible Beneficiaries Receiving Community Supports in Q4 2023:

## Housing Transition Navigation Services:

**3,717** dually eligible members (about **16%** of the total population using the service)

## Housing Tenancy and Sustaining Services:

**3,706** dually eligible members (about **22%** of the total population using the service)

## Recuperative Care (Medical Respite):

**288** dually eligible members (about **14%** of the total population using the service)

## Personal Care and Homemaker Services

**793** dually eligible members (about **59%** of the total population using the service)

## Nursing Facility Transition/Diversion to Assisted Living Facilities:

**285** dually eligible members (about **78%** of the total population using the service)

## Community Transition Services/Nursing Facility Transition

### Home:

**150** dually eligible members (about **87%** of the total population using the service)

## Medically Tailored Meals/Medically-Supportive Food:

**16,920** dually eligible members (about **36%** of the total population using the service)


## Environmental Accessibility Adaptations

**300** dually eligible members (about **46%** of the total population using the service)

# Dual Eligible Beneficiaries Receiving Community Supports by Demographics (Q4 2023)

- » Hispanic – 25.25%
- » Asian/Pacific Islander – 24.48%
- » White – 23.31%
- » Black/African American – 11.11%
- » Other – 3.38%
- » Unknown – 12.04%
- » American Indian/Alaska Native – <1%
- » Approximately 42% of dual eligible beneficiaries receiving Community Supports were Male and 58% were Female.
- » About 75% of dual eligible beneficiaries receiving Community Supports were age 65 and older; 25% were ages 18-64.
- » Dual eligible beneficiaries represent about 28% of the total population receiving Community Supports.

# **CalAIM Enhanced Care Management by Population of Focus (POF): Q3 2023 Update**

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# Overview: Enhanced Care Management

- » ECM is a **Medi-Cal benefit** to support comprehensive care management for members with complex needs.
  - These members most often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder (SUD), and long-term services and supports (LTSS).
- » ECM is a whole-person, interdisciplinary approach to care. **It is intended to be high touch, person centered, and provided primarily through in-person interactions with members where they live, seek care, and prefer to access services.**
- » ECM is part of broader CalAIM Population Health Management system design through which Medi-Cal MCPs will offer care management interventions at different levels of intensity based on Member need, with ECM as the highest intensity level.



# Dual Eligible Beneficiaries who Received ECM by POF, for Q3 2023

- » Of the Individuals Experiencing Homelessness dually eligible beneficiaries total 2,919 and represent about 13.7% of the POF.
- » Of the Individuals at Risk for Avoidable Hospital or ED Utilization dually eligible beneficiaries total 4,955 and represent about 15.4% of the POF.
- » Of the Individuals with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Needs dually eligible beneficiaries total 3,649 and represent about 12.1% of the POF.
- » Of the Individuals Transitioning from Incarceration dually eligible beneficiaries total 140 and represent about 10.4% of the POF.

*NOTE: There may be differences between the ECM data reported in this slide deck and the information published on the DHCS webpage.*

# Thank You

Please visit the DHCS ECM & Community Supports Website for more information and access to the ECM & Community Supports documents and supporting resources:

<https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

Please send questions to [CalAIMECMILOS@dhcs.ca.gov](mailto:CalAIMECMILOS@dhcs.ca.gov)



# Questions?



# **Update: 2025 CMS MA and Part D Final Rule**

# Finalized provisions regarding Medicare SEPs for FBDEs\* and LIS-only enrollees

In the final rule issued on April 4, 2024, CMS finalized the following changes to Medicare Special Enrollment Periods (SEPs):

- » Replaces the current quarterly SEP at § 423.38(c)(4) with a one-time-per-month SEP for dually eligible individuals and others enrolled in the Part D low-income subsidy program to elect a standalone Part D plan; and
- » Creates a new integrated care SEP at § 423.38(c)(35) to allow full-benefit dually eligible individuals to elect to enroll in an integrated D-SNP (a FIDE/HIDE or AIP D-SNP) in order to align enrollment on a monthly basis.

These changes are effective January 1, 2025

\*FBDEs: Full Benefit Dual Eligible Individuals (QMB+, SLMB+, and Other Full-benefit Medicaid)

# Combined Effect of New SEPs

## Dual/LIS SEP

- Beginning in 2025, the dual/LIS SEP will allow a monthly election to:
  - Leave Medicare Advantage plans for Original Medicare and a standalone prescription drug plan,
  - Switch between standalone prescription drug plans.
- » The dual/LIS SEP will no longer permit enrollment into Medicare Advantage plans or changes between Medicare Advantage plans, including coordination-only D-SNPs

## Integrated Care SEP

- » Beginning in 2025, the integrated care SEP will allow full-benefit dually eligible individuals a monthly election to enroll into an integrated D-SNP or switch between them. In California these plans include:
  - Medicare-Medi-Cal Plans
  - SCAN's FIDE SNP

# Rationale for SEP changes

- » Simplifies and reduces confusion around SEP usage – no longer need to track quarterly usage of the dual/LIS SEP.
- » Increases transparency for Medicare beneficiaries and enrollment counselors.
- » Reduces the incentive for most plans to deploy aggressive sales tactics targeted at dually eligible individuals outside of the fall Open Enrollment Period.
- » Allows dually eligible/LIS individuals to leave Medicare Advantage plans at any time if Medicare Advantage is not working well for them.
- » Creates more opportunities for enrollment into integrated D-SNPs in states where they are available (e.g. CA Medicare-Medi-Cal plans).

# Additional SEP Considerations

- » If the monthly dual/LIS SEP and the integrated care SEP are used in the same month, the application date of whichever SEP is elected last in time is the SEP effectuated the first of the following month.
- » Medicare Advantage Plans can be selected during the Fall Open Enrollment, during the Medicare Advantage Open Enrollment Period each winter, or if another SEP is available to the enrollee.
  - Beneficiaries still have access to additional SEPs (e.g., 5-Star SEP, loss/gain Medicaid/LIS eligibility SEP, change of residence SEP, etc.).
- » CMS is updating documents, guidance and systems to reflect SEP changes.



# Limits on D-SNP contracting and enrollment for certain D-SNPs

CMS finalized the following contracting and enrollment limitations for D-SNPs at § 422.514(h):

- » Starting in 2027, D-SNPs that operate in the same (or overlapping) service areas as Medicaid managed care organizations (MCOs) that are operated by the same parent organization and enroll full-benefit dually eligible individuals:
  - Must limit new enrollment to individuals who are already enrolled in or in the process of enrolling in the sponsor's Medicaid MCO, and
  - Parent organizations may only offer one D-SNP for full-benefit dually eligible individuals.
- » Starting in 2030, such D-SNPs must only enroll (or continue to enroll) individuals enrolled in (or in the process of enrolling in) the affiliated Medicaid MCO.

# Exceptions to the contract limitations for D-SNPs (§ 422.514(h)(3))

- » CMS will allow a Medicare Advantage (MA) organization, its parent organization, or an entity that shares a parent organization with the MA organization to offer more than one D-SNP for full-benefit dually eligible individuals in the same service area as the organization's affiliated Medicaid MCO only when a state Medicaid agency contract (SMAC) requires it in order to differentiate enrollment into D-SNPs either (i) by age group or (ii) to align enrollment in each DSNP with the eligibility criteria or benefit design used in the State's Medicaid managed care program(s).
- » CMS will allow organizations that offer both HMO and PPO D-SNP(s) and one or more of the HMO or PPO D-SNPs are subject to the enrollment limitations, the HMO or PPO D-SNP(s) not subject to the enrollment limitations may continue if they no longer accept new enrollment.

# Lowering threshold for D-SNP “look-alikes”

- » CMS revised regulatory language at 42 CFR 422.514(d) to lower the threshold for identifying a D-SNP look-alike over a two-year period.
  - For plan year 2025, CMS will not enter into or renew a contract with a new or existing Medicare Advantage plan that is not a special needs plan if the Medicare Advantage plan:
    - Projects in its bid that 70 percent or more of its 2025 enrollees will be dually eligible, or
    - Has actual enrollment in January 2024 that exceeds the 70 percent threshold.
  - For plan year 2026, the threshold will be reduced to 60 percent.
- » CMS is working with plans in California that meet the 70 percent threshold on transition plans, following the same process used in past years.

# Updates to Medicare Plan Finder

- » CMS sought comments through the notice of proposed rulemaking in the fall on improvements for Medicare Plan Finder functionality
- » In response to the feedback, CMS is working to:
  - Enable Medicare Plan Finder to display specific Medicaid benefits for certain D-SNPs (in CA, this includes Medicare Medicaid plans)
  - Improve the order in which D-SNPs are displayed so that the most integrated D-SNPs are displayed first
  - Add an indicator denoting D-SNPs completely closed to new enrollment

# Questions?



# Next Steps

- » CalAIM for Individuals and Families Experiencing Homelessness  
Webinar: **Friday, May 31, 2024, at 1:30pm**
  - To register, visit:  
[https://manatt.zoom.us/webinar/register/WN\\_PHUDuXvCTee6vLs-gcs7Lw#/registration](https://manatt.zoom.us/webinar/register/WN_PHUDuXvCTee6vLs-gcs7Lw#/registration)
- » Next MLTSS & Duals Integration Stakeholder Workgroup  
meeting: **Thursday, August 29, 2024, at 12 PM.**