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Virginia Department of Medical Assistance Services

dmas.virginia.gov

2025 Medicare Enrollment Broker Information Session

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

The purpose of this information session is to educate Enrollment Brokers about Virginia Medicaid policies relating to the enrollment of dually eligible individuals into D-SNPs 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 annually.

This file is designed as a companion to the video session. This document includes the presentation slides and narration captions, as well as two Frequently Asked Questions documents designed to educate beneficiaries about D-SNPs.

SESSION VIDEO LINK: https://youtu.be/lcElKSeRgTw

RESOURCES

Virginia Medicaid Dual Programs Website: https://dmas.virginia.gov/for-members/cardinal-care-members/cardinal-care-managed-care/medicare-and-medicaid-programs/

Frequently Asked Questions for Beneficiaries about Dual Eligible Special Needs Plans: https://dmas.virginia.gov/media/ktrjarjx/dsnp-member-faq-2025.pdf

Frequently Asked Questions for Beneficiaries about Exclusively Aligned Enrollment: https://dmas.virginia.gov/media/05cjhopa/dsnp-eae-faq-june-2025.pdf

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

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Enrolling Beneficiaries into Virginia Dual Eligible Special Needs Plans

Virginia Department of Medical Assistance Services
Integrated Care Division

VIRGINIA'S MEDICAID PROGRAM
DMAS

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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 health plans operating under contract to the Virginia Department of Medical Assistance Services are required to complete this session annually.

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 video on the Virginia Medicaid YouTube channel at https://www.youtube.com/@virginiamedicaid5470.

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

Integrated Care Resource Center (ICRC) fact sheet, "Dually Eligible Individuals: The Basics," April 2022.
Available at https://www.integratedcareresourcecenter.com/resource/dually-eligible-individuals-basics

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

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

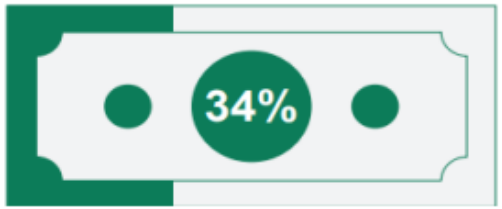
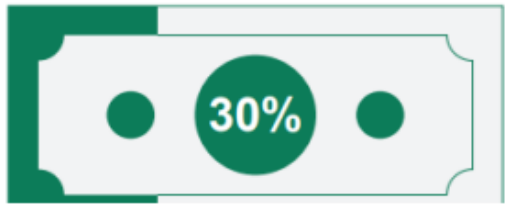
- Diabetes
- Alzheimer's disease
- Heart disease
- Intellectual disabilities

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	MEDICAID
Proportion of enrollees	19% 	14% 
Proportion of spending		

Source: Integrated Care Resource Center (ICRC) fact sheet, "Dually Eligible Individuals: The Basics," April 2022. Available at https://www.integratedcareresourcecenter.com/resource/dually-eligible-individuals-basics

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Categories of Dual Eligibility: "Full Benefit"

- **Full Benefit:** Individuals eligible for full Medicare and Medicaid benefits, and Medicaid-covered cost sharing of Medicare premiums, copays and deductibles
  - ✓ Referred to as ***Full Benefit Dual Eligible*** (FBDE) beneficiaries
  - ✓ For most beneficiaries, this group has the lowest income limit of dual-eligible categories – in Virginia, income limit is 80% of the Federal Poverty Level ($1,064 per month for a single individual in 2025)
    - Some disabled Medicaid beneficiaries with incomes up to 300% of the Federal Poverty Level ($3,912 per month for a single individual in 2025) are also eligible for full Medicaid benefits
- Full-Benefit Dual Eligible members are enrolled in the following MSPs:
  - ✓ Qualified Medicare Beneficiary (QMB) **Plus**
  - ✓ Special Low Income Medicare Beneficiary (SLMB) **Plus**

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

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Categories of Dual Eligibility: "Partial Benefit"

- **Partial Benefit:** Eligible for Medicare and Medicare cost-sharing only; no Medicaid-covered services
  - ✓ Referred to as **Partial Benefit Dual Eligible**
  - ✓ Individuals with incomes from 101.5% to 200% of the Federal Poverty Guidelines ($1,325 to $2,629 per month for a single individual in 2025)
- Partial Benefit Dual Eligible beneficiaries are eligible for cost-sharing assistance from all of the Medicare Savings Programs except "Plus" programs:
  - ✓ Qualified Medicare Beneficiary (QMB)
  - ✓ Special Low-Income Medicare Beneficiary (SLMB)
  - ✓ Qualified Individual (QI)
  - ✓ Qualified Disabled and Working Individual (QDWI)

Medicare Savings Programs

Qualified Medicare Beneficiary (QMB)		
Household Size	**Income Limit (100% FPL)**	**Resource Limit**
1	$1,325	$9,660
2	$1,783	$14,470
Covered Benefits: Medicaid will pay your Medicare premiums, coinsurance and deductibles.		
Special Low-Income Medicare Beneficiary (SLMB)		
Household Size	**Income Limit (120% FPL)**	**Resource Limit**
1	$1,585	$9,660
2	$2,135	$14,470
Covered Benefits: Medicaid will only pay your Medicare Part B premiums.		
Qualified Individual (QI)		
Household Size	**Income Limit (135% FPL)**	**Resource Limit**
1	$1,781	$9,660
2	$2,400	$14,470
Covered Benefits: Medicaid will only pay your Medicare Part B premiums.		
Qualified Disabled and Working Individuals (QWDI) *Individuals must have lost Social Security disability benefits and Medicare Part A due to work activity to be eligible for QWDI.*		
Household Size	**Income Limit (200% FPL)**	**Resource Limit**
1	$2,629	$4,000
2	$3,545	$6,000
Covered Benefits: Medicaid will only pay your monthly Medicare Part A premiums.		

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Coverages in Medicaid vs. Medicare

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

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Coverages in Medicaid vs. Medicare: Home and Community Based Services

- 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 several Medicaid waivers, each of which enrolls dual eligible beneficiaries:
  - ✓ Commonwealth Coordinated Care Plus (CCC Plus) Waiver for individuals with complex health conditions
  - ✓ Three waivers for individuals with intellectual/developmental disabilities
    - Building Independence Waiver
    - Community Living Waiver
    - Family and Individual Supports Waiver

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Coverages in Medicaid vs. Medicare: Home and Community Based Services, continued

- HCBS in Virginia include:
  - ✓ Adult day health care
  - ✓ Personal care services, both consumer-directed and agency-directed
  - ✓ Private duty nursing
  - ✓ Respite care services
  - ✓ Services facilitation
  - ✓ A variety of services and supports specific to intellectual and developmental disabilities through the DD waivers
- Medicare does not routinely cover most of these, although some Medicare Advantage plans may provide some of them as supplemental MA benefits

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Coverages in Medicaid vs. Medicare: Behavioral Health

- Behavioral health (BH) and addiction treatment coverage also varies; 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

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Dual Eligible Special Needs Plans (D-SNPs)

- D-SNPs are Medicare Advantage (MA) plans that enroll only dually eligible beneficiaries
- 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
- D-SNP plans serve both FBDE and PBDE members
  - FBDE plans are now being referred to as FIDE – Fully Integrated Dual Eligible Plans
- **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

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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

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D-SNPs in Virginia

- Virginia has contracted with MCOs to operate D-SNPs since 2017
- In 2025, 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
  - ✓ Humana Healthy Horizons in Virginia*
  - ✓ Sentara Health
  - ✓ UnitedHealthcare

* Humana Healthy Horizons in Virginia joined Virginia's Cardinal Care Managed Care program in July 2025, replacing Molina Healthcare of Virginia. Information on all of Virginia's Medicaid managed care plans can be found at www.virginiamanagedcare.com.

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Virginia D-SNP Eligibility

- To be eligible for a full-benefit D-SNP, beneficiaries must:
  - ✓ Meet federal income and resource limits for one of the Medicare Savings Programs
  - ✓ Be eligible for/enrolled in full Medicare (Parts A and B, or Part B and conditional Part A), and
  - ✓ Be eligible for/enrolled in full Medicaid, and
  - ✓ Be enrolled in Cardinal Care Managed Care
    - Individuals who are ineligible for managed care enrollment cannot enroll in a D-SNP

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Virginia D-SNP Enrollment Requirements

- Beneficiaries who want to enroll in a Full Benefit Dual Eligible D-SNP must also enroll with the Medicaid Managed Care plan operated by their D-SNP MCO
- This policy, referred to as Exclusively Aligned Enrollment (EAE), is supported by the Center for Medicare and Medicaid Services (CMS) to meet the complex health and social service needs of dual eligible beneficiaries

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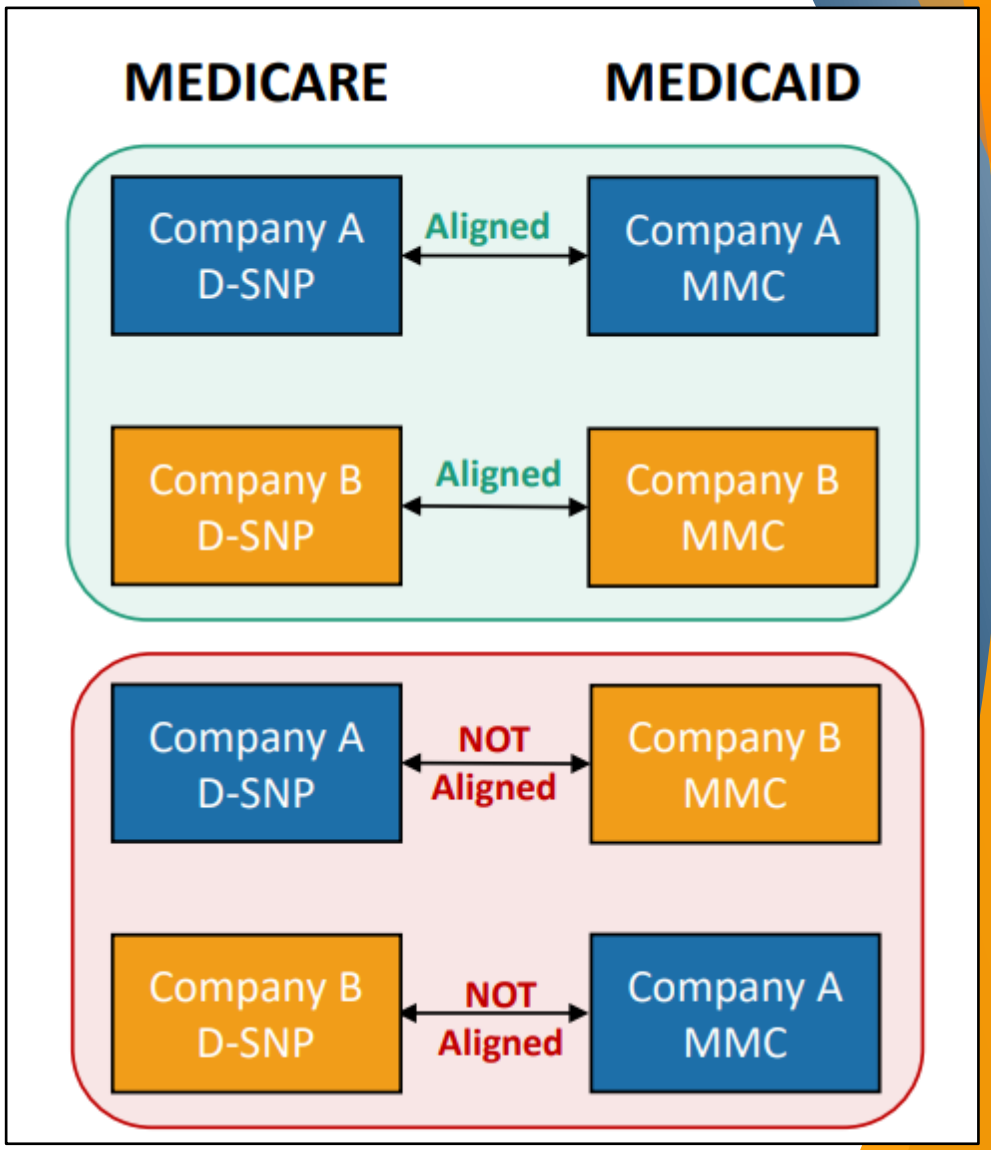
"Exclusively Aligned Enrollment"

- In order to improve communication and care management challenges, 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"
  - ✓ Applies to Full Benefit Dual Eligible beneficiaries only



Source: Integrated Care Resource Center

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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 beneficiaries services phone line staffed by plan employees cross-trained in Medicare and Medicaid policy and topics

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Requirements for Exclusively Aligned Enrollment

- All **Virginia D-SNP enrollees** are **required** to enroll in the MMC plan operated by their D-SNP MCO
- **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 beneficiary's choice of D-SNP, as Medicare requires that the individual have coverage choice**
  - ✓ In Virginia, MMC enrollment is mandatory for most Medicaid enrollees
- This policy requires Enrollment Brokers working with dual-eligible individuals to assist beneficiaries in navigating this policy, which could affect their Medicaid coverage
  - ✓ Example: If the individual decides to switch their D-SNP coverage for the coming plan year to another MCO's D-SNP, that action will require that their Medicaid enrollment be switched to the new D-SNP MCO's Medicaid plan

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Exclusively Aligned Enrollment Beneficiary Example

Mr. Smith currently has Aetna Better Health of Virginia for Medicaid. He is about to turn 65 and has decided he wants to enroll with UnitedHealthcare DSNP for his Medicare coverage.

Once he is enrolled in UnitedHealthcare D-SNP and DMAS is informed by CMS of his enrollment, we will move him into UnitedHealthcare's Medicaid plan on the first day of the month following CMS notification to DMAS. His Medicaid plan will switch to UnitedHealthcare to align with his D-SNP coverage.

If Mr. Smith 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.

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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

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Examples of Virginia D-SNPs' Supplemental Benefits

- Special supplemental benefits for beneficiaries 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, transportation
- 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, Silver Sneakers, fitness tracker, Weight Watcher fees, etc.

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Beneficiary Options Under Exclusively Aligned Enrollment

- Medicare Advantage 2025 Final Rule, effective January 1, 2025, provides D-SNP beneficiaries with enrollment flexibilities
- **Unaligned** beneficiaries who do not want to leave their pre-EAE **Medicaid MCO plan** can choose to disenroll from their D-SNP and enroll in 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 another aligned plan** or disenroll from D-SNP and return to Original Medicare + Part D plan
  - ✓ Switch could affect their Medicaid plan

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How Enrollment Brokers Can Help

- **Be aware of the EAE policy and educate beneficiaries.**
  - ✓ Beneficiaries may not understand why their plan choices are restricted, and how their choice of Medicare coverage might impact their Medicaid plan
- Ensure the beneficiary understands **they cannot be in a D-SNP that is not aligned with their Medicaid plan**
- **Advise beneficiaries of their right to choice** of D-SNP, 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, check the Virginia Medicaid provider directory online or by phone 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 the DMAS enrollment broker.***

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Resources for Beneficiaries

- **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

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Health Plan Contact Information

- 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
Aetna Better Health of Virginia	Aetna Virginia D-SNP
Anthem Healthkeepers Plus	Anthem D-SNP
Humana Healthy Horizons	Humana Healthy Horizons D-SNP
Sentara Community Care	Sentara D-SNP
UnitedHealthcare Community Plan	UnitedHealthcare D-SNP

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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]

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Medicare and Medicaid, Working Together

Enrolling Beneficiaries into Virginia Dual Eligible Special Needs Plans
Speaker's Narration Text

The following table provides the speaker's narration of this training video.

Slide Title	Speaker's Narration
Enrolling Beneficiaries into Virginia Dual Eligible Special Needs Plans	Thank you for joining the Virginia Department of Medical Assistance Services for this information session on Enrolling Beneficiaries into Virginia Dual Eligible Special Needs Plans.
The Purpose of This Information Session	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 health plans operating under contract to the Virginia Department of Medical Assistance Services are required to complete this session annually. 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 video on the Virginia Medicaid YouTube channel at https://www.youtube.com/@virginiamedicaid5470.
Dually Eligible Individuals Qualify for Both Medicare and Medicaid	Dual eligible individuals are those who qualify for both Medicare and Medicaid. Medicare provides health coverage to people ages 65 and older, people under age 65 who have a disability as determined 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, also known as an eligibility category. 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.
Dual Eligible Individuals Are a High-Need, High-Cost Population	Dual eligible individuals as a group are a high-need 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 covered by Medicaid. Given the complexity of their health, dually eligible individuals are also a high-cost population that is overrepresented in healthcare spending: In Medicare, dual eligible individuals represent 19% of Medicare enrollees but 34% of spending; in Medicaid, they represent 14% of enrollees but 30% of spending.
Categories of Dual Eligibility: “Full Benefit”	There are two categories of dual eligibility. The first is Full Benefit. These individuals are referred to as Full Benefit Dual Eligible, or FBDE, beneficiaries. They are eligible for Medicare and full Medicaid benefits, as well as coverage for their Medicare costs through Medicaid. The information in this session primarily applies to FBDE beneficiaries, as they are eligible for full Medicaid coverage. 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 (FPL), which equates to an income of $1,064 for a single individual in 2025. Although the general income limit for ABD Medicaid in Virginia is 80% of FPL, please be aware that some Medicaid members with disabilities enrolled in waivered services retain eligibility for Medicaid even

	with incomes up to 300% of FPL, or about $3900 per month for a single individual in 2025. For questions about Medicaid eligibility and coverage, beneficiaries currently enrolled in Medicaid should contact their Medicaid plan's Member Services department. Beneficiaries not currently enrolled in Medicaid can explore their eligibility and enrollment options through Cover Virginia, Virginia's health insurance marketplace, at coverva.org. FBDE members are eligible for cost-sharing from two of the Medicare Savings Programs - the Qualified Medicare Beneficiary (QMB) Plus and Special Low-Income Medicare Beneficiary (SLMB) Plus programs. I will provide an overview of the Medicare Savings Programs in a moment. Please note that although QMB Plus and SLMB Plus are federal program names, these terms are not generally used in Virginia. We use QMB and SLMB.
Categories of Dual Eligibility: "Partial Benefit"	The second category of dual eligibility is Partial Benefit. This population is referred to as Partial Benefit Dual Eligible, or PBDE. This group receives primary coverage from Medicare and is also eligible for coverage of their Medicare cost sharing from Virginia Medicaid. However, these individuals are ineligible for full Medicaid benefits. Individuals in this category have incomes just above the Federal Poverty Guidelines, starting at $1,325 per month for a single individual in 2025. Partial Benefit Dual Eligible beneficiaries are eligible for cost-sharing assistance from all of the Medicare Savings Programs except "Plus" programs: ✓ Qualified Medicare Beneficiary (QMB) ✓ Special Low-Income Medicare Beneficiary (SLMB) ✓ Qualified Individual (QI) ✓ Qualified Disabled and Working Individual (QDWI)

Medicare Savings Programs	Both full and partial benefit enrollees are eligible for coverage of their Medicare premiums, copays and coinsurances by Medicaid through the Medicare Savings Programs. These programs provide a decreasing level of coverage as the beneficiary's income increases. For example, the QMB program has the lowest income limit yet provides the most coverage. The chart shown on the screen, which is also provided in the packet of materials that accompanies this video, provides the 2025 Medicare Savings Programs income and resource limits. As stated previously, Virginia FBDE members are generally in two MSPs, QMB and SLMB (the federal designation here would be QMB Plus and SLMB Plus; the "Plus" in the name indicates that the individual is eligible for full Medicaid benefits as well as Medicare cost-sharing). Again, Virginia does not generally use these program names. Some beneficiaries may be confused as to why they're ineligible for full Medicaid benefits when they meet the income limit. Having resources in excess of the Medicaid resource limit could be one reason. Resources in Medicaid and Medicare include assets an individual owns that could be converted to cash, such as actual cash on hand, bank accounts, stocks and bonds, the cash value of life insurance, retirement accounts, etc. It is important to note that the resource limits under the Medicare Savings Programs, which are shown in the right-hand column of the table on the slide, are higher than for Medicaid. With the exception of individuals in the Qualified Disabled Working Individual program, all MSPs have an upper limit on resources of $9,660 for a single individual and $14,470 for a married couple. In comparison, Medicaid resource limits are $2,000 for a single individual and $3,000 for a married couple.

Coverages in Medicaid vs. Medicare	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, some transportation services. However, significant differences do exist between the two programs, especially in Behavioral Health services, nursing care and other long term care services. For example, Medicaid provides long-term "custodial care" in nursing facilities, whereas Medicare will only cover limited nursing care services under certain criteria after a hospitalization. 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 Medical Advantage plans as supplemental benefits. We will discuss supplemental benefits later in the presentation.

Coverages in Medicaid vs. Medicare: Home and Community Based Services	Home and community-based services, or HCBS, is an example of a Medicaid specific service often utilized by dual eligible beneficiaries for which Medicare provides limited to no coverage. Also known as LTSS in the Medicaid system.
	
	HCBS in Virginia are provided through several Medicaid waivers, each of which enrolls dual eligible beneficiaries:
	• Commonwealth Coordinated Care Plus (CCC Plus) Waiver for individuals with complex health conditions
	• Three waivers for individuals with Developmental Disability Waivers
	  • Building Independence Waiver
	  • Community Living Waiver
	  • Family and Individual Supports Waiver

Coverages in Medicaid vs. Medicare: Home and Community Based Services, continued	HCBS in Virginia include: • Adult day health care • Personal care services, both directed by the individual and by agencies • Private duty nursing • Respite care services • Services facilitation of personal care • A variety of services and supports specific to the needs of individuals with intellectual and developmental disabilities Now, Medicare does not routinely cover most of these, although some D-SNP plans may provide some of them as supplemental Medicare Advantage benefits.
Coverages in Medicaid vs. Medicare: Behavioral Health	Behavioral health and addiction treatment coverage also varies between Medicare and Medicaid. Medicare coverage is unfortunately limited, despite Medicare having added some covered behavioral health services in 2024. Virginia Medicaid, on the other hand, provides access to an entire suite of BH services, including services specific to mental health and substance use disorder, most of which aren't covered by Medicare. Examples of Medicaid-only services include Assertive Community Treatment, Case Management, Peer Recovery Supports and Psychosocial Rehabilitation services. Some services are not covered by Medicare, although people with full Medicaid are eligible to receive these services, including Full Benefit Dual Eligible members.

Dual Eligible Special Needs Plans (D-SNPs)	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. 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. In Virginia, the State Medicaid Agency is the Virginia Department of Medical Assistance Services, or DMAS. To address enrollees' medical complexity, D-SNPs are required to coordinate enrollees' benefits across Medicare and Medicaid. This includes delivery of care management services to manage beneficiaries' healthcare services and address health-related social needs. D-SNP plans provide coverage for both full and partial benefit individuals in plans specific to those populations. FBDE individuals are increasingly being served in programs referred to as FIDE SNPs – Fully Integrated Dual Eligible Special Needs Plans, or FIDE for short. Some D-SNPs now include the "FIDE" designation in their plan names. 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, they are not required to provide the essential care management services that D-SNPs do provide.

Why Coordinate Medicare and Medicaid?	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. And importantly, many dual eligible beneficiaries experience not only complex health conditions, but also have either low levels of health literacy, or cognitive impairments, or sometimes 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.
D-SNPs in Virginia	Let's talk about D-SNPs in Virginia. As mentioned earlier, in order for a health plan to be considered a D-SNP, it must contractas a D-SNP with CMS and the State Medicaid Agency. Virginia Medicaid has contracted with MCOs to offer D-SNPs since 2017. In 2025, 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, Humana Healthy Horizons in 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 want to note here that Humana is a new plan for Virginia Medicaid. As a result of a recent managed care contract change, Molina Healthcare of Virginia left our Cardinal Care Managed Care program in June 2025 and Humana Healthy Horizons

	joined in July 2025. You can find information on current Virginia Medicaid MCOs at www.virginiamanagedcare.com.
Virginia D-SNP Eligibility	To be eligible to enroll in a D-SNP, beneficiaries must meet income and resource limits for one of the Medicare Savings Programs, be eligible for and enrolled in both Medicare Parts A and B or have Part B and conditional enrollment in Part A. Individuals who are ineligible for Part A are also ineligible for D-SNPs in Virginia. The individual must also be enrolled in Virginia's Cardinal Care Managed Care Medicaid program. People who are ineligible for managed care cannot enroll in a D-SNP in Virginia.
Virginia D-SNP Enrollment Requirements	In addition to meeting eligibility requirements discussed on the last slide, beneficiaries who want to enroll in a FBDE D-SNP must also enroll with the Medicaid managed care plan operated by their D-SNP MCO. This policy is referred to as exclusively aligned enrollment (EAE) and is being supported by CMS as an emerging best practice for addressing the health and human service needs of dually eligible enrollees. EAE provides important benefits to enrollees which will be discussed in a moment.
"Exclusively Aligned Enrollment"	First, I'll explain EAE. In order to improve the communication and care management challenges that result from unaligned enrollment, CMS is increasing its expectations for D-SNP integration, which is the degree to which the D-SNP and MMC plans are integrated into a single plan that coordinates the individual's benefits. EAE is the first step – it 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 Better Health 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.
Benefits of Exclusively Aligned Enrollment	Exclusively aligned enrollment provides significant benefits to the individual. All services and benefits are managed by one company across Medicare and Medicaid, which reduces confusion for members and providers. Care managers and Member Services teams in D-SNPs are cross-trained in both Medicare and Medicaid to assist the individual in managing their healthcare. An added benefit is integrated beneficiary materials from these plans which address Medicare and Medicaid services, including a single ID card, benefit determinations that are coordinated across both program coverages, and integrated plan documents like the annual Summary of Benefits.
Requirements for Exclusively Aligned Enrollment	As stated previously, all Virginia D-SNP enrollees are required to enroll in the MMC plan operated by their D-SNP MCO. 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. This policy requires Enrollment Brokers working with dual-eligible individuals to understand how D-SNPs work in Virginia and assist beneficiaries in navigating this policy, which could affect their Medicaid coverage • Example: If the individual decides to switch their D-SNP coverage for the coming plan year to another MCO's D-SNP, that action will

	require that their Medicaid enrollment be switched to the new D-SNP MCO's Medicaid plan. This could affect important services covered only by Medicaid, such as behavioral health and Long Term Services and Supports.
Exclusively Aligned Enrollment Beneficiary Example	Here's an example of how exclusively aligned enrollment works for a beneficiary who will soon become eligible for Medicare. Mr. Smith is currently enrolled in Medicaid with Aetna Better Health of Virginia. He is turning 65 soon and has decided he wants to enroll with UnitedHealthcare DSNP for his Medicare coverage. Because Mr. Smith's Medicaid and DSNP must be managed by the same MCO, when CMS informs Virginia Medicaid of Mr. Smith's enrollment in UHC DSNP, we will disenroll him from Aetna Medicaid and enroll him in UHC Medicaid. This usually happens on the first day of the month following the new DSNP plan start date. So, if Mr. Smith enrolls in UHC's DSNP effective September 1, in general, DMAS will switch his Medicaid enrollment to UHC Medicaid plan effective October 1. On the other hand, if Mr. Smith wants to stay with Aetna Medicaid and still have a DSNP for his Medicare coverage, he will need to enroll with Aetna's DSNP. Otherwise, he will need to choose Original Medicare with a Part D plan, or a different Medicare Advantage plan that is not a D-SNP.

Impact to Beneficiaries of EAE Switch	Although EAE does provide 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.
Examples of Virginia D-SNPs' Supplemental Benefits	These are examples of supplemental benefits provided by Virginia D-SNPs. There are some really important benefits for low-income individuals here. Services not provided by traditional Medicare, such as dental, hearing and vision services, are essential for older adults and people with disabilities to maintain health. Similarly, some D-SNPs offer an Extra Benefits Card that comes loaded with a cash balance that enrollees can use to pay utility bills or purchase groceries and essential over-the-counter health items.

Beneficiary Options Under Exclusively Aligned Enrollment	Beneficiaries do have options under EAE. The Medicare Advantage 2025 Final Rule, which took 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 the member 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 another aligned plan or to disenroll from the D-SNP and return to Original Medicare plus a Part D plan. To clarify that, because members cannot have unaligned DSNP and Medicare managed care plans, they can use their monthly Special Enrollment Period to switch to another D-SNP that would be aligned with their Medicaid plan. But they cannot unalign their plans. And again, if the individual elects to switch to another MCO's D-SNP, they will need to enroll in that MCO's Medicaid plan.

How Enrollment Brokers Can Help	So how can you as an Enrollment Broker assist dual eligible people in Virginia? First, be aware of the EAE policy and educate beneficiaries about the potential impact of this policy to their coverage. DMAS has developed a set of Frequently Asked Questions for enrollees to explain their options and provide guidance. That document is included in the packet of materials that accompanies this video. A link to the materials on the DMAS website can be found 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. 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. 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. And don't forget that Part D plan! Current D-SNP enrollees get their Part D coverage through the D-SNP. 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 do 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 they would like to move to. To assist beneficiaries with provider enrollment questions, you can check the Virginia Medicaid Provider Directory online at the link provided on this slide, or contact the Virginia Medicaid enrollment broker at 1-800-643-2273. You can also consult, or recommend that the beneficiary consult, the new Medicaid MCO's website. Each MCO has separate Medicaid and D-SNP websites which provide

	information on provider networks, plan policies, extra benefits and more. Also, please note that per Virginia Medicaid policy, Medicare Enrollment Brokers are prohibited from participating in, or staying on the line, during a beneficiary's call to the DMAS enrollment broker.
How Enrollment Brokers Can Help	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.
Resources for Beneficiaries	Each Virginia Medicaid MCO has separate websites for its Medicaid and DSNP plans. You can access plan websites at the links provided on this slide. As a reminder, there will be active weblinks in the slide set we are providing as a resource.
Questions?	We appreciate your attention to this important information. The packet of materials which accompanies this training can be accessed by clicking the link to the materials in the description box for this video on the DMAS YouTube channel. The materials include a PDF version of the slides and narration, our two Frequently Asked Questions documents for beneficiaries about D-SNPs and EAE, and also a Verification of Completion form you can complete and submit to the managed care plan that required you to take this training. Please do not send these verifications to Virginia Medicaid – they should go to the MCO directly. If you have questions about this information, please contact our DSNP team at dsnp@dmas.virginia.gov. Thank you for serving Virginia Medicaid members!

CardinalCare
Virginia's Medicaid Program

Frequently Asked Questions about Medicare and Dual Eligible Special Needs Plans

General Questions about Medicare and Dual Eligibility

1. What does "dual eligible" mean?

The terms "dually eligible," "dual eligibility," or "dual eligible enrollees" generally refer to anyone that is eligible for both Medicare and Medicaid. They are "dually eligible" for both health care programs. Some dual eligible enrollees are eligible for all Medicare and Medicaid benefits and services and are sometimes referred to as "full-benefit dual eligibles". Others may be eligible for Medicare benefits but only receive assistance from the state through payment of their Medicare premium, copays and deductibles. They are sometimes referred to as "partial-benefit dual eligibles". Partial dual eligible do not receive full Medicaid benefits.

2. How do I know if I am dual eligible?

As long as you meet the federal qualifications for Medicare eligibility and the state-specific qualifications for Medicaid eligibility, you will qualify as a dual eligible.

To qualify for Medicare, individuals generally need to be 65 or older or have a qualifying disability and be a U.S. citizen or a legal resident who has lived in the U.S. for at least 5 years in a row. If you are unsure if you qualify for Medicare, you can call Medicare at **1-800-Medicare (1-800-633-4227)**.

To qualify for Virginia Medicaid, you must be a resident of the state of Virginia and whose financial situation would generally be characterized as low income or very low income, and you must also be a U.S. citizen or a legal resident who has lived in the U.S. for at least 5 years in a row. To qualify for Virginia Medicaid, you must meet at least one of the following criteria:

- Children Under Age 19
- Pregnant Women
- Supplemental Security Income (SSI) Recipients
- Adults Aged 65 or Older, Blind or Disabled (not receiving SSI)
- Children or Adults Who Need Long-term Care in a Facility/Home & Community-based Care (Waiver) Services
- Medicare Beneficiaries
- Plan First - Family Planning Services
- Breast & Cervical Cancer Early Detection Program

If you are unsure if you qualify for Virginia Medicaid you can call CoverVA at **1-855-242-8282** or visit us at https://coverva.org/eligibility/.

3. What is a Dual Eligible Special Needs Plan (D-SNP)?

Dual eligible enrollees often have complex health care needs. Many dual eligible enrollees have multiple chronic health care conditions (heart disease, diabetes, mental disorders, etc.) and have difficulty with daily activities (mobility, dressing, bathing, etc.). On top of difficult health care needs, dual eligible enrollees have to navigate two health care systems (Medicare and Medicaid) that were not designed to work together.
D-SNPs are designed to improve the quality of health care for dual eligible enrollees that may need additional assistance by coordinating all of your Medicare and Medicaid benefits.

- D-SNPs must cover all of your Medicare Part A, B, and Part D benefits,
- D-SNPs are required to offer extra benefits that Original Medicare doesn't cover—like vision, hearing, dental, and more.
- D-SNPs will provide care coordination to assist you in coordinating and accessing your Medicare and Medicaid benefits.

Additionally, people that enroll in a D-SNP often qualify for zero or low cost sharing (co-pays, premiums, and deductibles).

4. Why should I enroll in a D-SNP?

Navigating Medicare and Medicaid can be confusing and result in unnecessary gaps in your health care. By coordinating Medicare and Medicaid benefits, D-SNP's can make it simpler for members to navigate the health care system. This is especially important for individuals with multiple chronic health care conditions.
D-SNPs are required to cover all of the services you receive through traditional Medicare and other Medicare Advantage plans. D-SNPs also provide care coordination to assist members in navigating, coordinating and accessing needed services. Additionally, people that enroll in a D-SNP often qualify for zero or low cost sharing (co-pays, premiums, and deductibles).

As an added bonus D-SNPs offer additional benefits, that aren't covered under traditional Medicare, which can include:

- Dental care, such as exams, x-rays, cleanings, fillings, crowns and extractions;
- Hearing exams and access to hearing aids at a reduced cost;
- Annual eye exam and a credit for eyewear; and
- Transportation.

To learn more about your Medicare enrollment options you can contact Virginia Insurance Counseling and Assistance Program (VICAP) at 1-800-552-3402 V/TTY or visit their website at this link. VICAP is part of a national network of programs that offers FREE, unbiased, confidential counseling and assistance for people with Medicare.

5. *Should I align my D-SNP enrollment with my Medicaid plan?*

Yes. All Virginia Medicaid members who enroll in a D-SNP must enroll with the D-SNP that is operated by their Medicaid health plan (also known as a Managed Care Organization, or MCO). Due to this requirement, the D-SNP you choose could also affect your Medicaid enrollment. For example, if you are currently enrolled with Anthem Healthkeepers for Medicaid and want to enroll in a D-SNP, you must choose a D-SNP operated by Anthem to keep your Anthem Medicaid plan. If you don't want an Anthem D-SNP but do want to keep Anthem Medicaid, you do have options: You can choose Original Medicare with a Part D prescription drug plan, or another Medicare Advantage plan that is not a D-SNP. If you still want a D-SNP but do not want to enroll with Anthem, you can choose another MCO's D-SNP but would need to enroll with that MCO's Medicaid plan.

Getting D-SNP and Medicaid coverage from the same MCO is called "aligned enrollment." Aligned enrollment provides some significant benefits for members:

- One plan that coordinates all care between Medicare and Medicaid.
- Some integrated member materials that include information on both Medicare and Medicaid services.
- A comprehensive provider network.
- 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.

Individuals that have aligned their enrollment report greater satisfaction with their health care and improved health outcomes.

If you have Medicare, or are becoming eligible for Medicare, and want to align your enrollment, you can call your Medicaid plan Member Services telephone number (on the back of your member ID card) and tell them that you wish to enroll in their D-SNP. Or, you can call your D-SNP plan Member Services telephone number (on the back of your ID card), or use the contact information for your D-SNP provided below, and ask them about enrolling in their Medicaid plan.

6. *What are my D-SNP enrollment options in Virginia?*

Effective July 1, 2025, there are five health plans, or MCOs, that offer D-SNPs in Virginia. The health plans, along with their contact information is listed below:

Health Plan Name	Phone Number	Website
Aetna Better Health	1-855-463-0933 (TTY: 711)	https://www.aetnabetterhealth.com/virginia-hmosnp/
Anthem HealthKeepers	1-855-679-0541 (TTY: 711)	https://shop.anthem.com/medicare/shop/landing?brand=ABCBS&role=consumer&locale=en_US
Humana Healthy Horizons in Virginia	1-844-881-4482 (TTY:711)	https://www.Humana.com/HealthyVA
Sentara Community Complete	1-844-563-4201 (TTY: 711)	https://www.optimahealth.com/plans/medicare/optima-community-complete-hmo-d-snp
UnitedHealthcare Dual Complete	1-888-638-6613 (TTY: 711)	https://www.uhccommunityplan.com/virginia

7. How do I enroll in a D-SNP?

Before you join, take the time to find and compare Medicare health plans in your area. Once you understand the plan's rules and costs, here's how to join:

- Use Medicare's Plan Finder.
- Met with a local licensed agent
- Visit the plan's website to see if you can join online. (See above)
- Fill out a paper enrollment form. Contact the plan to get an enrollment form, fill it out, and return it to the plan.
- Call the plan. (See above)
- Call1-800-MEDICARE (1-800-633-4227) for enrollment assistance.

You will not have to wait for Medicare open enrollment (October through December). Most people can enroll in a D-SNP at any time of year.

To learn more about your Medicare enrollment options and get assistance enrolling, you can contact Virginia Insurance Counseling and Assistance Program (VICAP) at **1-800-552-3402 V/TTY** or visit their website at this link. VICAP is part of a national network of programs that offers FREE, unbiased, confidential counseling and assistance for people with Medicare.

CardinalCare
Virginia's Medicaid Program

Preguntas frecuentes sobre Medicare y los planes de Necesidades Especiales con Doble Elegibilidad para afiliados con Doble Elegibilidad

Preguntas generales sobre Medicare

1. ¿Qué significa doble elegibilidad?

"Doble elegibilidad" o "afiliados con elegibilidad doble" generalmente se refiere a cualquier persona que sea elegible tanto para Medicare como para Medicaid. Son "doblemente elegibles" para ambos programas de atención médica.

Algunas personas inscritas con doble elegibilidad son elegibles para todos los beneficios y servicios de Medicare y Medicaid y, en ocasiones, son referidas como "personas con doble elegibilidad de beneficio completo". Otros pueden ser elegibles para todos los beneficios de Medicare, pero solo reciben asistencia del estado a través del pago de su prima y, copagos y deducibles. En ocasiones se les refiere como "personas con doble elegibilidad con beneficio parcial". Las personas con doble elegibilidad con beneficio parcial no reciben los beneficios completos de Medicaid.

2. ¿Cómo sé si tengo doble elegibilidad?

Siempre que cumpla con los requisitos federales para la elegibilidad de Medicare y los requisitos específicos estatales para la elegibilidad de Medicaid, calificará como una persona con doble elegibilidad.

Para calificar para Medicare, las personas generalmente deben tener 65 años o más, ser ciegas, o tener una discapacidad que califique y ser ciudadano estadounidense o residente legal que ha vivido en los Estados Unidos por al menos 5 años seguidos. Si no está seguro de si califica para Medicare, puede llamar a Medicare al **1-800-Medicare (1-800-633-4227)**

Para calificar para Medicaid de Virginia debe ser un residente del estado de Virginia, cuya situación financiera generalmente se caracterizaría como una de bajos ingresos o muy bajos ingresos, y también debe ser ciudadano de los Estados Unidos o un residente permanente que ha vivido en los Estados Unidos al menos 5 años seguidos. Para calificar para Medicaid de Virginia, debe cumplir con al menos uno de los siguientes criterios:

- Niños menores de 19 años
- Mujeres embarazadas
- Adultos trabajadores entre 19 y 64 años con ingresos de hasta el 138% del Nivel Federal de Pobreza
- Beneficiarios de Seguridad del Ingreso Suplementario (SSI, por sus siglas en inglés)
- Adultos de 65 años o más, ciegos o discapacitados (que no reciben SSI)
- Niños o adultos que necesitan servicios de Atención de Largo Plazo en un Centro/Hogar y Atención basada en la Comunidad (Exención).

- Beneficiarios de Medicare de bajos ingresos
- Personas elegibles para los Servicios de Planificación de Plan First
- Personas elegibles para el Programa de Detección Temprana de Cáncer de Mama y Cuello Uterino

Si no está seguro de si califica para Medicaid de Virginia puede llamar a Cubre Virginia al **1-855-242-8282** o visitarnos en https://coverva.dmas.virginia.gov/learn/.

3. ¿Qué cubre Medicare frente a Medicaid?

Medicare es el pagador principal para los afiliados de doble elegibilidad. Los servicios de Medicare pueden ser agrupados en las siguientes categorías:

- **Parte A – Seguro Hospitalario** (atención hospitalaria para pacientes internados en un Centro de Enfermería Especializada, centro de cuidados paliativos y algunos servicios de salud en el hogar)
- **Parte B – Seguro Médico** (servicios médicos, atención ambulatoria, equipo médico durable, servicios de salud en el hogar y varios servicios preventivos), y
- **Parte D – Beneficio de Medicamentos Recetados** (Compañías privadas, aprobadas por Medicare cubren la cobertura de medicamentos recetados para pacientes ambulatorios)

Para los afiliados con doble elegibilidad de beneficios completos, Medicaid cubrirá varios servicios que Medicare no cubre o solo cubre parcialmente. Dichos servicios incluyen, entre otros, los siguientes:

- Atención institucional de largo plazo, como un centro de enfermería o un hospital de estadía prolongada,
- Servicios de atención personal y de salud en el hogar de largo plazo,
- Otros servicios basados en el hogar y en la comunidad como servicios diurnos para adultos, servicios de salud mental en la comunidad y de trastornos por uso de sustancias,
- Servicios de transporte que no son de emergencia,
- Primas de Medicare, copagos y deducibles, y
- Dental y de la vista (limitados).

Todos los afiliados con doble elegibilidad de beneficios completos en Virginia deben inscribirse con una Organización de Atención Administrada (MCO, por sus siglas en inglés) (un plan de seguro médico privado) para su cobertura de Medicaid. Las MCO ofrecen beneficios adicionales como:

- Visión,
- Auditivos,
- Teléfono celular y
- Membresía de gimnasio, entre otros.

Medicaid cubrirá la mayoría de las primas de Medicare, coseguro y copagos para beneficios dobles totales y parciales.

4. ¿Cuáles son mis opciones de inscripción a Medicare y Medicaid en Virginia?

Medicare

Cuando se inscribe en Medicare y durante ciertas épocas del año, puede escoger cómo obtener su cobertura de Medicare. Hay dos formas principales de obtener su cobertura de Medicare: Medicare Original (Parte A y Parte B) o un Plan de Medicare Advantage (Parte C). Algunas personas escogen obtener cobertura adicional, como cobertura de medicamentos recetados de Medicare o el Seguro Complementario de Medicare (Medigap).

Medicare Original

Medicare Original, también conocido como "Medicare tradicional" o "Medicare de Pago por Servicio", incluye la Parte A (seguro hospitalario) y Parte B de Medicare (seguro médico). Si desea cobertura de medicamentos, puede inscribirse a un plan de medicamentos de Medicare por separado (Parte D). Inscribirse en la cobertura de la Parte D es voluntario, pero debe inscribirse para la cobertura de la Parte D para evitar penalizaciones. También puede agregar cobertura complementaria, como seguro de un empleador anterior o Seguro de Medicare Complementario (Medigap) para que le ayude a pagar los gastos de su bolsillo (como su coseguro de 20%).

Con Medicare Original, puede usar cualquier médico u hospital que acepte Medicare, en cualquier lugar de los Estados Unidos).

Medicare Advantage

Medicare Advantage, también conocido como Parte C es una alternativa "todo en uno" a Medicare Original. Estos planes "combinados" incluyen la Parte A, Parte B y usualmente la Parte D. Los planes de Medicare Advantage son proporcionados por planes de seguros médicos privados llamados Organizaciones de Atención Administrada (MCO, por sus siglas en inglés).

Los planes de Medicare Advantage pueden tener costos de bolsillo más bajos que los de Medicare Original. La mayoría ofrecen beneficios extra que Medicare Original no cubre – como visión, auditivos, odontología y más.

En muchos casos, necesitará utilizar doctores que estén en la red del plan.

Planes de Necesidades Especiales

Algunos afiliados pueden ser elegibles para un tipo especializado de plan de Medicare Advantage llamado Plan de Necesidades Especiales (SNP). Los Planes de Necesidades Especiales son diseñados específicamente para atender las necesidades especiales de las personas que se inscriben. Los SNP deben cubrir todos sus beneficios de la Parte A, B y D de Medicare, y todos los SNP deben ofrecer beneficios extra que Medicare Original no cubre –como visión, auditivos, dentales y más. Los SNP también ofrecen coordinación de la atención para asistirle en coordinar y acceder a sus beneficios de salud. Hay tres tipos de SNP:

- SNP Institucional (I-SNP), que está diseñado para atender las necesidades de las personas que cumplen con el nivel institucional de atención, como las que residen en un centro de enfermería.
- SNP de Condiciones Crónicas (C-SNP) que está diseñado para atender las necesidades de las personas con condiciones crónicas graves o de discapacidad, como aquellas con VIH/SIDA o trastornos pulmonares crónicos.
- SNP de Doble Elegibilidad (D-SNP) que está diseñado para atender las necesidades de los afiliados con doble elegibilidad mediante la integración de los servicios y beneficios de Medicare y Medicaid. ***Haga clic aquí para obtener más información sobre los DSNP.***

Para obtener más información sobre sus opciones de inscripción de Medicare puede contactar al Programa de Asesoría y Asistencia sobre Seguros de Virginia (VICAP, por sus siglas en inglés) al **1-800-552-3402 V/TTY** o visite su sitio de internet en este enlace. VICAP es parte de la red nacional de programas que ofrecen asesoría y asistencia GRATUITA, imparcial y confidencial para personas con Medicare.

Medicaid

La mayoría de las personas inscritas en Medicaid deben inscribirse en uno de los seis planes de Atención Administrada de Medicaid del Estado, comúnmente conocidas como Organizaciones de Atención Administrada (MCO, por sus siglas en inglés). Estos planes cubrirán todos sus beneficios médicos, de comportamiento y de atención de largo plazo, así como sus medicamentos recetados.

- La mayoría de los inscritos en Medicaid tendrán un copago de $0.
- Necesita utilizar doctores que estén en la red del plan.
- Los planes ofrecen beneficios adicionales que el Medicaid tradicional, a veces llamado Pago por Servicio de Medicaid, no cubre, como servicios de visión, auditivos, y más.

5. ¿Cómo me inscribo?

Medicare

Medicare Original

Para calificar para Medicare, las personas generalmente necesitan tener 65 años o más, o ser ciegas, o tener una discapacidad que califique y ser ciudadano de los Estados Unidos o un residente legal que ha vivido en los Estados Unidos al menos por 5 años seguidos.

La mayoría de las personas que se determinan elegibles para Medicare son inscritas automáticamente en Medicare Original cuando se inscriben por primera vez en Medicare. Usted puede cambiar la forma en la que obtiene su cobertura de Medicare cuando se inscribe por primera vez en Medicare y durante ciertas épocas del año.

Si está inscrito en Medicare Original, es posible que desee escoger un plan de la Parte D (medicamentos recetados). La cobertura de medicamentos recetados de Medicare es un beneficio opcional para todas las personas que tienen Medicare.

Si decide no obtener la cobertura de medicamentos recetados de Medicare cuando es elegible por primera vez, puede que tenga que pagar una penalización por inscribirse tarde, si se inscribe posteriormente. Antes de escoger un plan de la Parte D debe considerar sus prioridades específicas, que incluyen, entre otras, las siguientes:

- ¿Toma un medicamento específico?
- ¿Desea una protección extra contra los altos costos de los medicamentos recetados?
- ¿Toma muchas recetas genéricas?

Una vez que elija un plan de medicamentos de la Parte D que se ajuste a sus necesidades, puede inscribirse en él utilizando las siguientes opciones:

- Inscríbase en el Buscador de Planes de Medicare o en el sitio web del plan.
- Llame al plan
- Complete el formulario de inscripción en papel. Comuníquese con el plan para obtener un formulario de inscripción, complételo y devuélvalo al plan.
- Llame al 1-800-MEDICARE (1-800-633-4227).

Medicare Advantage

No todos los planes de Medicare Advantage funcionan igual. Antes de inscribirse, tómese tiempo para encontrar y comparar planes de salud de Medicare en su área. Una vez que entienda las reglas y costos del plan, aquí le mostramos cómo inscribirse:

- Utilice el Buscador de Planes de Medicare.
- Visite el sitio web del plan para ver si puede inscribirse en línea.
- Complete el formulario de inscripción en papel. Comuníquese con el plan para obtener un formulario de inscripción, complételo y devuélvalo al plan.
- Llame al plan.
- Llame al 1-800-MEDICARE (1-800-633-4227).

Para obtener más información sobre sus opciones de inscripción de Medicare y obtener asistencia para inscribirse, puede contactar al Programa de Asesoría y Asistencia sobre Seguros de Virginia (VICAP, por sus siglas en inglés) al **1-800-552-3402 V/TTY**. VICAP es parte de la red nacional de programas que ofrecen asesoría y asistencia GRATUITA, imparcial y confidencial para personas con Medicare.

Medicaid

Si no está inscrito en Medicaid

Para calificar para el Medicaid de Virginia debe ser residente del estado de Virginia, cuya situación financiera generalmente se caracteriza como de ingresos bajos o muy bajos y también debe ser ciudadano estadounidense o un residente legal que ha vivido en los Estados Unidos por al menos 5 años seguidos. Para calificar para el Medicaid de Virginia debe cumplir con al menos uno de los siguientes:

- Niños menores de 19 años
- Mujeres embarazadas
- Adultos trabajadores de 19 a 64 años con ingresos de hasta el 138% del Nivel Federal de Pobreza
- Beneficiarios de Seguridad del Ingreso Suplementario (SSI, por sus siglas en inglés)
- Adultos de 65 años o más, ciegos o discapacitados (que no reciben SSI)
- Niños o adultos que necesitan servicios de Atención de Largo Plazo en un Centro/Hogar y Atención basada en la Comunidad(Exención).
- Beneficiarios de Medicare de bajos ingresos
- Personas elegibles para los Servicios de Planificación Familiar de Plan First
- Personas elegibles para el Programa de detección temprana del cáncer de mama y cuello uterino

Si no está seguro de si califica para Medicaid de Virginia comuníquese con CubreVA al **1-855-242-8282** o visítenos en https://coverva.dmas.virginia.gov/learn/.

Si ya está inscrito en Medicaid

En Virginia, la mayoría de los inscritos en Medicaid deben inscribirse con uno de los cinco planes de seguro médico privado llamados Organizaciones de Atención Administrada (MCO, por sus siglas en inglés). Estos planes cubrirán sus beneficios médicos, de comportamiento y de atención de largo plazo, así como sus medicamentos recetados.

- La mayoría de los inscritos en Medicaid tendrán un copago de $0.
- Necesita utilizar doctores que estén en la red del plan.
- Los planes ofrecen beneficios adicionales que el Medicaid tradicional, a veces llamado Pago por Servicio de Medicaid, no cubre, como servicios de visión, auditivos, y más.

Planes de Necesidades Especiales de Doble Elegibilidad

1. ¿Qué significa "doble elegibilidad"?

Los términos "Doble elegibilidad" o "afiliados con elegibilidad doble" generalmente se refiere a cualquier persona que sea elegible tanto para Medicare como para Medicaid. Son "doblemente elegibles" para ambos programas de atención médica.
Algunas personas inscritas con doble elegibilidad son elegibles para todos los beneficios y servicios de Medicare y Medicaid y, en ocasiones, son referidas como "personas con doble elegibilidad de beneficio completo". Otros pueden ser elegibles para todos los beneficios de Medicare, pero solo reciben asistencia del estado a través del pago de su prima y, copagos y deducibles. En ocasiones se les refiere como "personas con doble elegibilidad con beneficio parcial". Las personas con doble elegibilidad con beneficio parcial no reciben los beneficios completos de Medicaid.

2. ¿Cómo se si tengo doble elegibilidad?

Siempre que cumpla con los requisitos federales para la elegibilidad de Medicare y los requisitos específicos estatales para la elegibilidad de Medicaid, calificará como una persona con doble elegibilidad.

Para calificar para Medicare, las personas generalmente deben tener 65 años o más, ser ciegas, o tener una discapacidad que califique y ser ciudadano estadounidense o residente legal que ha vivido en los Estados Unidos por al menos 5 años seguidos. Si no está seguro de si califica para Medicare, puede llamar a Medicare al **1-800-Medicare (1-800-633-4227)**

Para calificar para Medicaid de Virginia debe ser un residente del estado de Virginia, cuya situación financiera generalmente se caracterizaría como una de bajos ingresos o muy bajos ingresos, y también debe ser ciudadano de los Estados Unidos o un residente permanente que ha vivido en los Estados Unidos al menos 5 años seguidos. Para calificar para Medicaid de Virginia, debe cumplir con al menos uno de los siguientes criterios:

- Niños menores de 19 años
- Mujeres embarazadas
- Beneficiarios de Seguridad del Ingreso Suplementario (SSI, por sus siglas en inglés)
- Adultos de 65 años o más, ciegos o discapacitados (que no reciben SSI)
- Niños o adultos que necesitan servicios de Atención de Largo Plazo en un Centro/Hogar y Atención basada en la Comunidad(Exención).
- Beneficiarios de Medicare
- Plan First – Servicios de Planificación Familiar
- Programa de detección temprana del cáncer de mama y cuello uterino

Si no está seguro de si califica para Medicaid de Virginia puede llamar a Cubre Virginia al **1-855-242-8282** o visitarnos en https://coverva.org/eligibility/.

3. ¿Qué es un Plan de Necesidades Especiales de Doble Elegibilidad (D-SNP)?

Los afiliados con doble elegibilidad frecuentemente tienen necesidades de atención médica complejas. Muchos inscritos con doble elegibilidad tienen múltiples condiciones médicas crónicas (enfermedades del corazón, diabetes, trastornos mentales, etc.) y tiene dificultades con las actividades diarias (moverse, vestirse, ducharse, etc.). Además de las difíciles necesidades de atención médica, los inscritos de doble elegibilidad tienen que navegar dos sistemas de atención médica (Medicare y Medicaid) que no fueron diseñados para funcionar conjuntamente. Los D-SNP están diseñados para mejorar la calidad de la atención médica para los afiliados con doble elegibilidad que pueden necesitar asistencia adicional al coordinar todos sus beneficios de Medicare y Medicaid.

- Los D-SNP deben cubrir todos sus beneficios de la Parte A, B y Parte D de Medicare.
- Los D-SNP deben ofrecer beneficios adicionales que Medicare Original no cubre, como servicios de visión, auditivos, dentales, y más.
- Los D-SNP brindarán coordinación de la atención para asistirle a coordinar y acceder a sus beneficios de Medicare y Medicaid.

Además, las personas inscritas en un D-SNP califican frecuentemente para costo de cofinanciación cero o de bajo costo (copagos, primas y deducibles).

4. ¿Por qué debería de inscribirme en un D-SNP?

Navegar Medicare y Medicaid puede ser confuso y resultar en brechas innecesarias en su atención médica. Con la coordinación de los beneficios de Medicare y Medicaid, los D-SNP pueden facilitar la navegación del sistema de atención médica de los afiliados. Esto es especialmente importante para las personas con múltiples condiciones médicas crónicas.

Los D-SNP deben cubrir todos los servicios que recibe a través del Medicare tradicional y otros planes de Medicare Advantage. Los D-SNP también proporcionan coordinación de la atención para asistir a los afiliados a navegar, coordinar y acceder a los servicios necesarios. Además, las personas que se inscriben en un D-SNP frecuentemente califican para costo de cofinanciación cero o de bajo costo (copagos, primas y deducibles). Como un bono adicional, los D-SNP ofrecen beneficios adicionales que no están cubiertos bajo el Medicare tradicional, que pueden incluir:

- Atención dental, como exámenes, rayos x, limpiezas, empastes, coronas y extracciones;
- Exámenes auditivos y acceso a aparatos auditivos a un costo reducido;
- Examen de la vista anual y crédito para anteojos; y
- Transporte

Para obtener más información sobre sus opciones de inscripción de Medicare puede contactar al Programa de Asesoría y Asistencia sobre Seguros de Virginia (VICAP, por sus siglas en inglés) al 1-800-552-3402 V/TTY o en su sitio web en este enlace. VICAP es parte de la red nacional de programas que ofrecen asesoría y asistencia GRATUITA, imparcial y confidencial para personas con Medicare.

5. ¿Debo alinear mi inscripción en DSNP con mi plan de Medicaid?

Sí. Todos los afiliados de Medicaid de Virginia que se inscriban en un D-SNP deben inscribirse en el D-SNP administrado por su plan de salud de Medicaid (también conocido como Organización de Atención Administrada o MCO, por sus siglas en inglés). Debido a este requisito, el D-SNP que elija también podría afectar su inscripción en Medicaid. Por ejemplo, si actualmente está inscrito en Anthem Healthkeepers para Medicaid y desea inscribirse en un D-SNP, debe elegir un D-SNP administrado por Anthem para mantener su plan de Medicaid de Anthem. Si no desea un D-SNP de Anthem, pero sí desea mantener su Medicaid de Anthem, tiene opciones: puede elegir Medicare Original con un plan de medicamentos recetados de la Parte D u otro plan Medicare Advantage que no sea un D-SNP. Si aún desea un D-SNP, pero no desea inscribirse en Anthem, puede elegir el D-SNP de otra MCO, pero deberá inscribirse en el plan de Medicaid de esa MCO.

Obtener cobertura D-SNP y Medicaid de la misma MCO se denomina se llama “inscripción alineada”. La inscripción alineada proporciona algunos beneficios importantes para los miembros:

- Un plan que coordina toda la atención entre Medicare y Medicaid.
- Algunos materiales de los afiliados integrados que incluyen información sobre los servicios de Medicare y Medicaid.
- Una amplia red de proveedores.
- Una coordinación oportuna de la atención.
- Menos confusión parta afiliados y proveedores.
- Acceso más fácil a especialistas que tienen contrato con Medicare y Medicaid.
- Mejores resultados de salud.

Las personas que han alineado su inscripción reportan una mayor satisfacción con su atención médica y mejores resultados de salud.

Si usted tiene Medicare, o está comenzando a ser elegible para Medicare y desea alinear su inscripción, puede llamar al número de teléfono de los Servicios para Afiliados de su plan de Medicaid (al reverso de su tarjeta de identificación de afiliado) y decirles que desea inscribirse en su D-SNP. También puede llamar al número de teléfono de Servicios para Afiliados de su plan D-SNP (al reverso de su tarjeta de identificación) o utilizar la información de contacto de su D-SNP proporcionada a continuación y preguntarles sobre la inscripción en su plan de Medicaid.

6. ¿Cuáles son mis opciones de inscripción a D-SNP de Virginia?

A partir del 1 de enero del 2024, existen cinco planes de salud, o MCO, que ofrecen D-SNP en Virginia. Los planes de salud, junto con su información de contacto, aparecen a continuación:

Nombre del plan de salud	Número de teléfono	Sitio web
Aetna Better Health	1-855-463-0933 (TTY: 711)	https://www.aetnabetterhealth.com/virginia-hmosnp/
Anthem HealthKeepers	1-855-679-0541 (TTY: 711)	https://shop.anthem.com/medicare/shop/landing?brand=ABCBS&role=consumer&locale=en_US
Humana Healthy Horizons in Virginia	1-844-881-4482 (TTY:711)	https://www.Humana.com/HealthyVA
Sentara Community Complete	1-844-563-4201 (TTY: 711)	https://www.optimahealth.com/plans/medicare/optima-community-complete-hmo-d-snp
UnitedHealthcare Dual Complete	1-888-638-6613 (TTY: 711)	https://www.uhccommunityplan.com/virginia

1. ***¿Cómo me inscribo a un D-SNP?***

   Antes de unirse, tómese tiempo para encontrar y comparar los planes de salud de Medicare en su área. Una vez que haya entendido las reglas y costos del plan, aquí le mostramos cómo inscribirse:

   - Utilice el Buscador de Planes de Medicare.
   - Reúnase con un agente con licencia local
   - Visite el sitio web del plan para ver si puede unirse en línea. (Ver arriba)
   - Complete un formulario de inscripción en papel. Contacte el plan para obtener un formulario de inscripción, complételo y devuélvalo al plan.
   - Llame al plan. (Ver arriba)
   - Llame al 1-800-MEDICARE (1-800-633-4227) para obtener ayuda con la inscripción.

   No tiene que esperar a la inscripción abierta de Medicare (de octubre a diciembre). La mayoría de las personas se pueden inscribir a D-SNP en cualquier época del año.

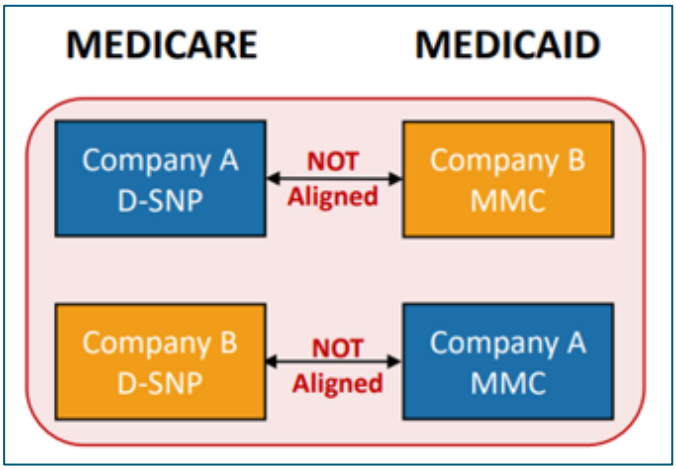
   Para obtener más información sobre sus opciones de inscripción de Medicare puede contactar al Programa de Asesoría y Asistencia sobre Seguros de Virginia (VICAP, por sus siglas en inglés) al **1-800-552-3402 V/TTY** o en su sitio web en este enlace. VICAP es parte de la red nacional de programas que ofrecen asesoría y asistencia GRATUITA, imparcial y confidencial para personas con Medicare.

CardinalCare
Virginia's Medicaid Program

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

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 ifferent 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.

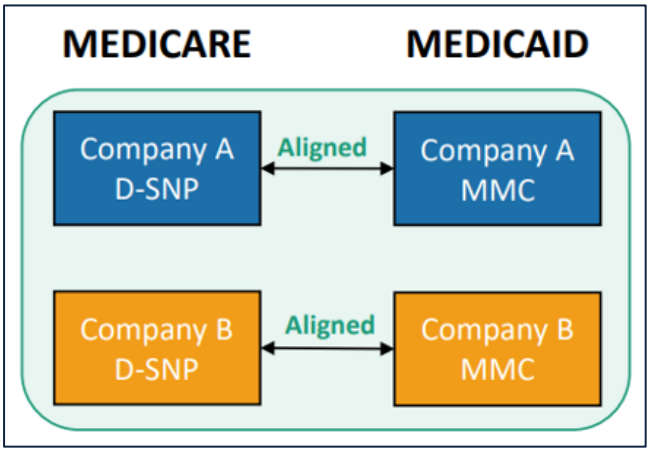
This can be confusing for the D-SNP enrollee, their health care providers, and the health plans because health plans are supposed to coordinate the enrollee's Medicare and Medicaid benefits. "Coordinating benefits" means the Medicare and Medicaid health plans are supposed to work together to help the 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.

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)
Humana Healthy Horizons in Virginia	https://www.Humana.com/HealthyVA 1-844-881-4482 (TTY:711)	https://www.Humana.com 1-800-833-2364 (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 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. 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 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:
    - 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.

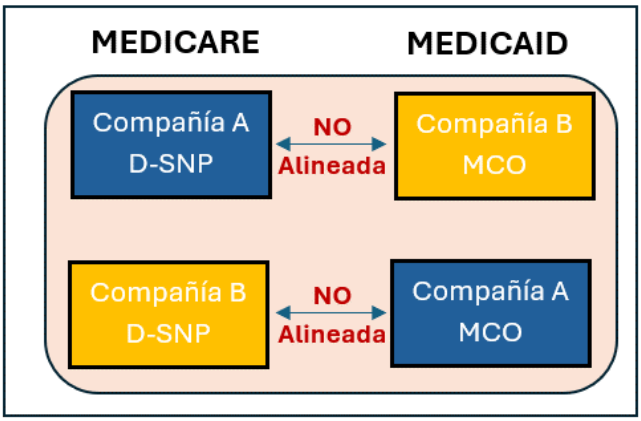
CardinalCare
Virginia's Medicaid Program

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.

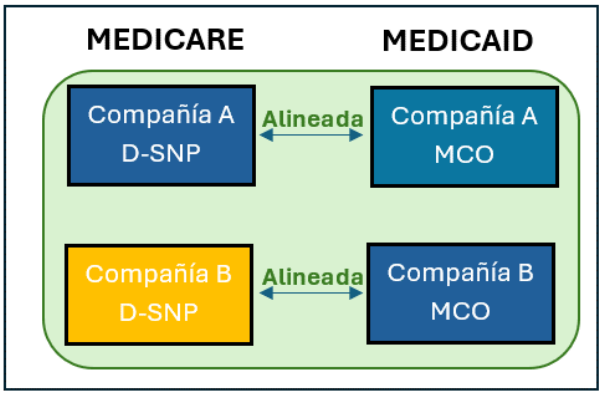
La "inscripción exclusivamente alineada" ocurre cuando un afiliado de D-SNP que es elegible para la cobertura completa de Medicaid recibe sus beneficios de MCO de Medicaid y Medicare de la misma MCO. Esta es una excelente opción para los afiliados de D-SNP porque les ofrece un paquete combinado de beneficios 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.
- 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

Nombre del Plan de Salud	Información del Plan de Medicaid	Información del D-SNP
		1-855-949-3321 (TTY: 711)
Humana Healthy Horizons in Virginia	https://www.Humana.com/HealthyVA 1-844-881-4482 (TTY:711)	https://www.Humana.com 1-800-833-2364 (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)

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 enwww.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.

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 quedarse 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:
    - 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**”.
    - 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**.
    - 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**.
    - 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**”.
    - 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**.
    - 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. 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.

    - 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.
    - 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).
    - 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.

- **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 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**.
  - 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**.
  - 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.

Enrolling Beneficiaries into Virginia Dual Eligible Special Needs Plans
Speaker's Narration Text

The following table provides the speaker's narration of this training video.

Slide Title	Speaker's Narration
Enrolling Beneficiaries into Virginia Dual Eligible Special Needs Plans	Thank you for joining the Virginia Department of Medical Assistance Services for this information session on Enrolling Beneficiaries into Virginia Dual Eligible Special Needs Plans.
The Purpose of This Information Session	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 health plans operating under contract to the Virginia Department of Medical Assistance Services are required to complete this session annually. 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 video on the Virginia Medicaid YouTube channel at https://www.youtube.com/@virginiamedicaid5470.
Dually Eligible Individuals Qualify for Both Medicare and Medicaid	Dual eligible individuals are those who qualify for both Medicare and Medicaid. Medicare provides health coverage to people ages 65 and older, people under age 65 who have a disability as determined 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, also known as an eligibility category. 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.
Dual Eligible Individuals Are a High-Need, High-Cost Population	Dual eligible individuals as a group are a high-need 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 covered by Medicaid. Given the complexity of their health, dually eligible individuals are also a high-cost population that is overrepresented in healthcare spending: In Medicare, dual eligible individuals represent 19% of Medicare enrollees but 34% of spending; in Medicaid, they represent 14% of enrollees but 30% of spending.
Categories of Dual Eligibility: “Full Benefit”	There are two categories of dual eligibility. The first is Full Benefit. These individuals are referred to as Full Benefit Dual Eligible, or FBDE, beneficiaries. They are eligible for Medicare and full Medicaid benefits, as well as coverage for their Medicare costs through Medicaid. The information in this session primarily applies to FBDE beneficiaries, as they are eligible for full Medicaid coverage. 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 (FPL), which equates to an income of $1,064 for a single individual in 2025. Although the general income limit for ABD Medicaid in Virginia is 80% of FPL, please be aware that some Medicaid members with disabilities enrolled in waivered services retain eligibility for Medicaid even

	with incomes up to 300% of FPL, or about $3900 per month for a single individual in 2025. For questions about Medicaid eligibility and coverage, beneficiaries currently enrolled in Medicaid should contact their Medicaid plan's Member Services department. Beneficiaries not currently enrolled in Medicaid can explore their eligibility and enrollment options through Cover Virginia, Virginia's health insurance marketplace, at coverva.org. FBDE members are eligible for cost-sharing from two of the Medicare Savings Programs - the Qualified Medicare Beneficiary (QMB) Plus and Special Low-Income Medicare Beneficiary (SLMB) Plus programs. I will provide an overview of the Medicare Savings Programs in a moment. Please note that although QMB Plus and SLMB Plus are federal program names, these terms are not generally used in Virginia. We use QMB and SLMB.
Categories of Dual Eligibility: "Partial Benefit"	The second category of dual eligibility is Partial Benefit. This population is referred to as Partial Benefit Dual Eligible, or PBDE. This group receives primary coverage from Medicare and is also eligible for coverage of their Medicare cost sharing from Virginia Medicaid. However, these individuals are ineligible for full Medicaid benefits. Individuals in this category have incomes just above the Federal Poverty Guidelines, starting at $1,325 per month for a single individual in 2025. Partial Benefit Dual Eligible beneficiaries are eligible for cost-sharing assistance from all of the Medicare Savings Programs except "Plus" programs: ✓ Qualified Medicare Beneficiary (QMB) ✓ Special Low-Income Medicare Beneficiary (SLMB) ✓ Qualified Individual (QI) ✓ Qualified Disabled and Working Individual (QDWI)

Medicare Savings Programs	Both full and partial benefit enrollees are eligible for coverage of their Medicare premiums, copays and coinsurances by Medicaid through the Medicare Savings Programs. These programs provide a decreasing level of coverage as the beneficiary's income increases. For example, the QMB program has the lowest income limit yet provides the most coverage. The chart shown on the screen, which is also provided in the packet of materials that accompanies this video, provides the 2025 Medicare Savings Programs income and resource limits. As stated previously, Virginia FBDE members are generally in two MSPs, QMB and SLMB (the federal designation here would be QMB Plus and SLMB Plus; the "Plus" in the name indicates that the individual is eligible for full Medicaid benefits as well as Medicare cost-sharing). Again, Virginia does not generally use these program names. Some beneficiaries may be confused as to why they're ineligible for full Medicaid benefits when they meet the income limit. Having resources in excess of the Medicaid resource limit could be one reason. Resources in Medicaid and Medicare include assets an individual owns that could be converted to cash, such as actual cash on hand, bank accounts, stocks and bonds, the cash value of life insurance, retirement accounts, etc. It is important to note that the resource limits under the Medicare Savings Programs, which are shown in the right-hand column of the table on the slide, are higher than for Medicaid. With the exception of individuals in the Qualified Disabled Working Individual program, all MSPs have an upper limit on resources of $9,660 for a single individual and $14,470 for a married couple. In comparison, Medicaid resource limits are $2,000 for a single individual and $3,000 for a married couple.

Coverages in Medicaid vs. Medicare	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, some transportation services. However, significant differences do exist between the two programs, especially in Behavioral Health services, nursing care and other long term care services. For example, Medicaid provides long-term "custodial care" in nursing facilities, whereas Medicare will only cover limited nursing care services under certain criteria after a hospitalization. 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 Medical Advantage plans as supplemental benefits. We will discuss supplemental benefits later in the presentation.

Coverages in Medicaid vs. Medicare: Home and Community Based Services	Home and community-based services, or HCBS, is an example of a Medicaid specific service often utilized by dual eligible beneficiaries for which Medicare provides limited to no coverage. Also known as LTSS in the Medicaid system.
	
	HCBS in Virginia are provided through several Medicaid waivers, each of which enrolls dual eligible beneficiaries:
	• Commonwealth Coordinated Care Plus (CCC Plus) Waiver for individuals with complex health conditions
	• Three waivers for individuals with Developmental Disability Waivers
	  • Building Independence Waiver
	  • Community Living Waiver
	  • Family and Individual Supports Waiver

Coverages in Medicaid vs. Medicare: Home and Community Based Services, continued	HCBS in Virginia include: • Adult day health care • Personal care services, both directed by the individual and by agencies • Private duty nursing • Respite care services • Services facilitation of personal care • A variety of services and supports specific to the needs of individuals with intellectual and developmental disabilities Now, Medicare does not routinely cover most of these, although some D-SNP plans may provide some of them as supplemental Medicare Advantage benefits.
Coverages in Medicaid vs. Medicare: Behavioral Health	Behavioral health and addiction treatment coverage also varies between Medicare and Medicaid. Medicare coverage is unfortunately limited, despite Medicare having added some covered behavioral health services in 2024. Virginia Medicaid, on the other hand, provides access to an entire suite of BH services, including services specific to mental health and substance use disorder, most of which aren't covered by Medicare. Examples of Medicaid-only services include Assertive Community Treatment, Case Management, Peer Recovery Supports and Psychosocial Rehabilitation services. Some services are not covered by Medicare, although people with full Medicaid are eligible to receive these services, including Full Benefit Dual Eligible members.

Dual Eligible Special Needs Plans (D-SNPs)	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. 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. In Virginia, the State Medicaid Agency is the Virginia Department of Medical Assistance Services, or DMAS. To address enrollees' medical complexity, D-SNPs are required to coordinate enrollees' benefits across Medicare and Medicaid. This includes delivery of care management services to manage beneficiaries' healthcare services and address health-related social needs. D-SNP plans provide coverage for both full and partial benefit individuals in plans specific to those populations. FBDE individuals are increasingly being served in programs referred to as FIDE SNPs – Fully Integrated Dual Eligible Special Needs Plans, or FIDE for short. Some D-SNPs now include the "FIDE" designation in their plan names. 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, they are not required to provide the essential care management services that D-SNPs do provide.

Why Coordinate Medicare and Medicaid?	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. And importantly, many dual eligible beneficiaries experience not only complex health conditions, but also have either low levels of health literacy, or cognitive impairments, or sometimes 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.
D-SNPs in Virginia	Let's talk about D-SNPs in Virginia. As mentioned earlier, in order for a health plan to be considered a D-SNP, it must contractas a D-SNP with CMS and the State Medicaid Agency. Virginia Medicaid has contracted with MCOs to offer D-SNPs since 2017. In 2025, 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, Humana Healthy Horizons in 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 want to note here that Humana is a new plan for Virginia Medicaid. As a result of a recent managed care contract change, Molina Healthcare of Virginia left our Cardinal Care Managed Care program in June 2025 and Humana Healthy Horizons

	joined in July 2025. You can find information on current Virginia Medicaid MCOs at www.virginiamanagedcare.com.
Virginia D-SNP Eligibility	To be eligible to enroll in a D-SNP, beneficiaries must meet income and resource limits for one of the Medicare Savings Programs, be eligible for and enrolled in both Medicare Parts A and B or have Part B and conditional enrollment in Part A. Individuals who are ineligible for Part A are also ineligible for D-SNPs in Virginia. The individual must also be enrolled in Virginia's Cardinal Care Managed Care Medicaid program. People who are ineligible for managed care cannot enroll in a D-SNP in Virginia.
Virginia D-SNP Enrollment Requirements	In addition to meeting eligibility requirements discussed on the last slide, beneficiaries who want to enroll in a FBDE D-SNP must also enroll with the Medicaid managed care plan operated by their D-SNP MCO. This policy is referred to as exclusively aligned enrollment (EAE) and is being supported by CMS as an emerging best practice for addressing the health and human service needs of dually eligible enrollees. EAE provides important benefits to enrollees which will be discussed in a moment.
"Exclusively Aligned Enrollment"	First, I'll explain EAE. In order to improve the communication and care management challenges that result from unaligned enrollment, CMS is increasing its expectations for D-SNP integration, which is the degree to which the D-SNP and MMC plans are integrated into a single plan that coordinates the individual's benefits. EAE is the first step – it 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 Better Health 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.
Benefits of Exclusively Aligned Enrollment	Exclusively aligned enrollment provides significant benefits to the individual. All services and benefits are managed by one company across Medicare and Medicaid, which reduces confusion for members and providers. Care managers and Member Services teams in D-SNPs are cross-trained in both Medicare and Medicaid to assist the individual in managing their healthcare. An added benefit is integrated beneficiary materials from these plans which address Medicare and Medicaid services, including a single ID card, benefit determinations that are coordinated across both program coverages, and integrated plan documents like the annual Summary of Benefits.
Requirements for Exclusively Aligned Enrollment	As stated previously, all Virginia D-SNP enrollees are required to enroll in the MMC plan operated by their D-SNP MCO. 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. This policy requires Enrollment Brokers working with dual-eligible individuals to understand how D-SNPs work in Virginia and assist beneficiaries in navigating this policy, which could affect their Medicaid coverage • Example: If the individual decides to switch their D-SNP coverage for the coming plan year to another MCO's D-SNP, that action will

	require that their Medicaid enrollment be switched to the new D-SNP MCO's Medicaid plan. This could affect important services covered only by Medicaid, such as behavioral health and Long Term Services and Supports.
Exclusively Aligned Enrollment Beneficiary Example	Here's an example of how exclusively aligned enrollment works for a beneficiary who will soon become eligible for Medicare. Mr. Smith is currently enrolled in Medicaid with Aetna Better Health of Virginia. He is turning 65 soon and has decided he wants to enroll with UnitedHealthcare DSNP for his Medicare coverage. Because Mr. Smith's Medicaid and DSNP must be managed by the same MCO, when CMS informs Virginia Medicaid of Mr. Smith's enrollment in UHC DSNP, we will disenroll him from Aetna Medicaid and enroll him in UHC Medicaid. This usually happens on the first day of the month following the new DSNP plan start date. So, if Mr. Smith enrolls in UHC's DSNP effective September 1, in general, DMAS will switch his Medicaid enrollment to UHC Medicaid plan effective October 1. On the other hand, if Mr. Smith wants to stay with Aetna Medicaid and still have a DSNP for his Medicare coverage, he will need to enroll with Aetna's DSNP. Otherwise, he will need to choose Original Medicare with a Part D plan, or a different Medicare Advantage plan that is not a D-SNP.

Impact to Beneficiaries of EAE Switch	Although EAE does provide 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.
Examples of Virginia D-SNPs' Supplemental Benefits	These are examples of supplemental benefits provided by Virginia D-SNPs. There are some really important benefits for low-income individuals here. Services not provided by traditional Medicare, such as dental, hearing and vision services, are essential for older adults and people with disabilities to maintain health. Similarly, some D-SNPs offer an Extra Benefits Card that comes loaded with a cash balance that enrollees can use to pay utility bills or purchase groceries and essential over-the-counter health items.

Beneficiary Options Under Exclusively Aligned Enrollment	Beneficiaries do have options under EAE. The Medicare Advantage 2025 Final Rule, which took 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 the member 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 another aligned plan or to disenroll from the D-SNP and return to Original Medicare plus a Part D plan. To clarify that, because members cannot have unaligned DSNP and Medicare managed care plans, they can use their monthly Special Enrollment Period to switch to another D-SNP that would be aligned with their Medicaid plan. But they cannot unalign their plans. And again, if the individual elects to switch to another MCO's D-SNP, they will need to enroll in that MCO's Medicaid plan.

How Enrollment Brokers Can Help	So how can you as an Enrollment Broker assist dual eligible people in Virginia? First, be aware of the EAE policy and educate beneficiaries about the potential impact of this policy to their coverage. DMAS has developed a set of Frequently Asked Questions for enrollees to explain their options and provide guidance. That document is included in the packet of materials that accompanies this video. A link to the materials on the DMAS website can be found 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. 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. 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. And don't forget that Part D plan! Current D-SNP enrollees get their Part D coverage through the D-SNP. 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 do 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 they would like to move to. To assist beneficiaries with provider enrollment questions, you can check the Virginia Medicaid Provider Directory online at the link provided on this slide, or contact the Virginia Medicaid enrollment broker at 1-800-643-2273. You can also consult, or recommend that the beneficiary consult, the new Medicaid MCO's website. Each MCO has separate Medicaid and D-SNP websites which provide

	information on provider networks, plan policies, extra benefits and more. Also, please note that per Virginia Medicaid policy, Medicare Enrollment Brokers are prohibited from participating in, or staying on the line, during a beneficiary's call to the DMAS enrollment broker.
How Enrollment Brokers Can Help	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.
Resources for Beneficiaries	Each Virginia Medicaid MCO has separate websites for its Medicaid and DSNP plans. You can access plan websites at the links provided on this slide. As a reminder, there will be active weblinks in the slide set we are providing as a resource.
Questions?	We appreciate your attention to this important information. The packet of materials which accompanies this training can be accessed by clicking the link to the materials in the description box for this video on the DMAS YouTube channel. The materials include a PDF version of the slides and narration, our two Frequently Asked Questions documents for beneficiaries about D-SNPs and EAE, and also a Verification of Completion form you can complete and submit to the managed care plan that required you to take this training. Please do not send these verifications to Virginia Medicaid – they should go to the MCO directly. If you have questions about this information, please contact our DSNP team at dsnp@dmas.virginia.gov. Thank you for serving Virginia Medicaid members!

CardinalCare
Virginia's Medicaid Program

Frequently Asked Questions about Medicare and Dual Eligible Special Needs Plans

General Questions about Medicare and Dual Eligibility

1. What does "dual eligible" mean?

The terms "dually eligible," "dual eligibility," or "dual eligible enrollees" generally refer to anyone that is eligible for both Medicare and Medicaid. They are "dually eligible" for both health care programs. Some dual eligible enrollees are eligible for all Medicare and Medicaid benefits and services and are sometimes referred to as "full-benefit dual eligibles". Others may be eligible for Medicare benefits but only receive assistance from the state through payment of their Medicare premium, copays and deductibles. They are sometimes referred to as "partial-benefit dual eligibles". Partial dual eligible do not receive full Medicaid benefits.

2. How do I know if I am dual eligible?

As long as you meet the federal qualifications for Medicare eligibility and the state-specific qualifications for Medicaid eligibility, you will qualify as a dual eligible.

To qualify for Medicare, individuals generally need to be 65 or older or have a qualifying disability and be a U.S. citizen or a legal resident who has lived in the U.S. for at least 5 years in a row. If you are unsure if you qualify for Medicare, you can call Medicare at **1-800-Medicare (1-800-633-4227)**.

To qualify for Virginia Medicaid, you must be a resident of the state of Virginia and whose financial situation would generally be characterized as low income or very low income, and you must also be a U.S. citizen or a legal resident who has lived in the U.S. for at least 5 years in a row. To qualify for Virginia Medicaid, you must meet at least one of the following criteria:

- Children Under Age 19
- Pregnant Women
- Supplemental Security Income (SSI) Recipients
- Adults Aged 65 or Older, Blind or Disabled (not receiving SSI)
- Children or Adults Who Need Long-term Care in a Facility/Home & Community-based Care (Waiver) Services
- Medicare Beneficiaries
- Plan First - Family Planning Services
- Breast & Cervical Cancer Early Detection Program

If you are unsure if you qualify for Virginia Medicaid you can call CoverVA at **1-855-242-8282** or visit us at https://coverva.org/eligibility/.

3. What is a Dual Eligible Special Needs Plan (D-SNP)?

Dual eligible enrollees often have complex health care needs. Many dual eligible enrollees have multiple chronic health care conditions (heart disease, diabetes, mental disorders, etc.) and have difficulty with daily activities (mobility, dressing, bathing, etc.). On top of difficult health care needs, dual eligible enrollees have to navigate two health care systems (Medicare and Medicaid) that were not designed to work together.
D-SNPs are designed to improve the quality of health care for dual eligible enrollees that may need additional assistance by coordinating all of your Medicare and Medicaid benefits.

- D-SNPs must cover all of your Medicare Part A, B, and Part D benefits,
- D-SNPs are required to offer extra benefits that Original Medicare doesn't cover—like vision, hearing, dental, and more.
- D-SNPs will provide care coordination to assist you in coordinating and accessing your Medicare and Medicaid benefits.

Additionally, people that enroll in a D-SNP often qualify for zero or low cost sharing (co-pays, premiums, and deductibles).

4. Why should I enroll in a D-SNP?

Navigating Medicare and Medicaid can be confusing and result in unnecessary gaps in your health care. By coordinating Medicare and Medicaid benefits, D-SNP's can make it simpler for members to navigate the health care system. This is especially important for individuals with multiple chronic health care conditions.
D-SNPs are required to cover all of the services you receive through traditional Medicare and other Medicare Advantage plans. D-SNPs also provide care coordination to assist members in navigating, coordinating and accessing needed services. Additionally, people that enroll in a D-SNP often qualify for zero or low cost sharing (co-pays, premiums, and deductibles).

As an added bonus D-SNPs offer additional benefits, that aren't covered under traditional Medicare, which can include:

- Dental care, such as exams, x-rays, cleanings, fillings, crowns and extractions;
- Hearing exams and access to hearing aids at a reduced cost;
- Annual eye exam and a credit for eyewear; and
- Transportation.

To learn more about your Medicare enrollment options you can contact Virginia Insurance Counseling and Assistance Program (VICAP) at 1-800-552-3402 V/TTY or visit their website at this link. VICAP is part of a national network of programs that offers FREE, unbiased, confidential counseling and assistance for people with Medicare.

5. *Should I align my D-SNP enrollment with my Medicaid plan?*

Yes. All Virginia Medicaid members who enroll in a D-SNP must enroll with the D-SNP that is operated by their Medicaid health plan (also known as a Managed Care Organization, or MCO). Due to this requirement, the D-SNP you choose could also affect your Medicaid enrollment. For example, if you are currently enrolled with Anthem Healthkeepers for Medicaid and want to enroll in a D-SNP, you must choose a D-SNP operated by Anthem to keep your Anthem Medicaid plan. If you don't want an Anthem D-SNP but do want to keep Anthem Medicaid, you do have options: You can choose Original Medicare with a Part D prescription drug plan, or another Medicare Advantage plan that is not a D-SNP. If you still want a D-SNP but do not want to enroll with Anthem, you can choose another MCO's D-SNP but would need to enroll with that MCO's Medicaid plan.

Getting D-SNP and Medicaid coverage from the same MCO is called "aligned enrollment." Aligned enrollment provides some significant benefits for members:

- One plan that coordinates all care between Medicare and Medicaid.
- Some integrated member materials that include information on both Medicare and Medicaid services.
- A comprehensive provider network.
- 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.

Individuals that have aligned their enrollment report greater satisfaction with their health care and improved health outcomes.

If you have Medicare, or are becoming eligible for Medicare, and want to align your enrollment, you can call your Medicaid plan Member Services telephone number (on the back of your member ID card) and tell them that you wish to enroll in their D-SNP. Or, you can call your D-SNP plan Member Services telephone number (on the back of your ID card), or use the contact information for your D-SNP provided below, and ask them about enrolling in their Medicaid plan.

6. *What are my D-SNP enrollment options in Virginia?*

Effective July 1, 2025, there are five health plans, or MCOs, that offer D-SNPs in Virginia. The health plans, along with their contact information is listed below:

Health Plan Name	Phone Number	Website
Aetna Better Health	1-855-463-0933 (TTY: 711)	https://www.aetnabetterhealth.com/virginia-hmosnp/
Anthem HealthKeepers	1-855-679-0541 (TTY: 711)	https://shop.anthem.com/medicare/shop/landing?brand=ABCBS&role=consumer&locale=en_US
Humana Healthy Horizons in Virginia	1-844-881-4482 (TTY:711)	https://www.Humana.com/HealthyVA
Sentara Community Complete	1-844-563-4201 (TTY: 711)	https://www.optimahealth.com/plans/medicare/optima-community-complete-hmo-d-snp
UnitedHealthcare Dual Complete	1-888-638-6613 (TTY: 711)	https://www.uhccommunityplan.com/virginia

7. How do I enroll in a D-SNP?

Before you join, take the time to find and compare Medicare health plans in your area. Once you understand the plan's rules and costs, here's how to join:

- Use Medicare's Plan Finder.
- Met with a local licensed agent
- Visit the plan's website to see if you can join online. (See above)
- Fill out a paper enrollment form. Contact the plan to get an enrollment form, fill it out, and return it to the plan.
- Call the plan. (See above)
- Call1-800-MEDICARE (1-800-633-4227) for enrollment assistance.

You will not have to wait for Medicare open enrollment (October through December). Most people can enroll in a D-SNP at any time of year.

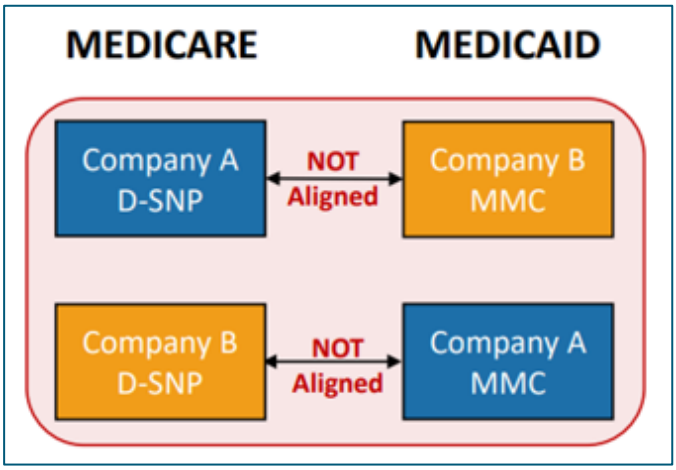
To learn more about your Medicare enrollment options and get assistance enrolling, you can contact Virginia Insurance Counseling and Assistance Program (VICAP) at **1-800-552-3402 V/TTY** or visit their website at this link. VICAP is part of a national network of programs that offers FREE, unbiased, confidential counseling and assistance for people with Medicare.

CardinalCare
Virginia's Medicaid Program

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

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 ifferent 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.

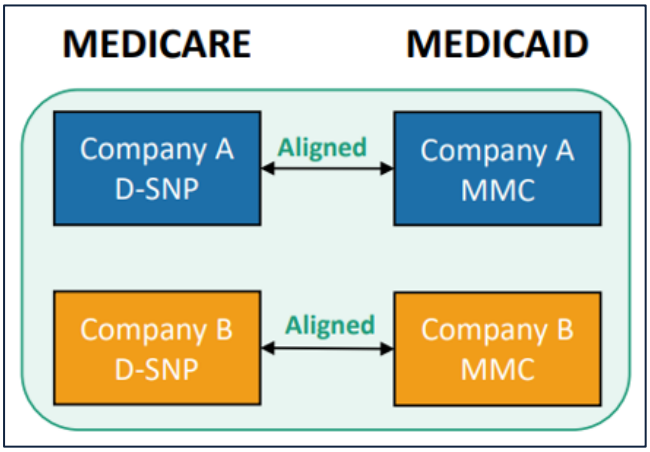
This can be confusing for the D-SNP enrollee, their health care providers, and the health plans because health plans are supposed to coordinate the enrollee's Medicare and Medicaid benefits. "Coordinating benefits" means the Medicare and Medicaid health plans are supposed to work together to help the 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.

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)
Humana Healthy Horizons in Virginia	https://www.Humana.com/HealthyVA 1-844-881-4482 (TTY:711)	https://www.Humana.com 1-800-833-2364 (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 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. 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 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:
    - 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.

CardinalCare
Virginia's Medicaid Program

Preguntas frecuentes sobre Medicare y los planes de Necesidades Especiales con Doble Elegibilidad para afiliados con Doble Elegibilidad

Preguntas generales sobre Medicare

1. ¿Qué significa doble elegibilidad?

"Doble elegibilidad" o "afiliados con elegibilidad doble" generalmente se refiere a cualquier persona que sea elegible tanto para Medicare como para Medicaid. Son "doblemente elegibles" para ambos programas de atención médica.

Algunas personas inscritas con doble elegibilidad son elegibles para todos los beneficios y servicios de Medicare y Medicaid y, en ocasiones, son referidas como "personas con doble elegibilidad de beneficio completo". Otros pueden ser elegibles para todos los beneficios de Medicare, pero solo reciben asistencia del estado a través del pago de su prima y, copagos y deducibles. En ocasiones se les refiere como "personas con doble elegibilidad con beneficio parcial". Las personas con doble elegibilidad con beneficio parcial no reciben los beneficios completos de Medicaid.

2. ¿Cómo sé si tengo doble elegibilidad?

Siempre que cumpla con los requisitos federales para la elegibilidad de Medicare y los requisitos específicos estatales para la elegibilidad de Medicaid, calificará como una persona con doble elegibilidad.

Para calificar para Medicare, las personas generalmente deben tener 65 años o más, ser ciegas, o tener una discapacidad que califique y ser ciudadano estadounidense o residente legal que ha vivido en los Estados Unidos por al menos 5 años seguidos. Si no está seguro de si califica para Medicare, puede llamar a Medicare al **1-800-Medicare (1-800-633-4227)**

Para calificar para Medicaid de Virginia debe ser un residente del estado de Virginia, cuya situación financiera generalmente se caracterizaría como una de bajos ingresos o muy bajos ingresos, y también debe ser ciudadano de los Estados Unidos o un residente permanente que ha vivido en los Estados Unidos al menos 5 años seguidos. Para calificar para Medicaid de Virginia, debe cumplir con al menos uno de los siguientes criterios:

- Niños menores de 19 años
- Mujeres embarazadas
- Adultos trabajadores entre 19 y 64 años con ingresos de hasta el 138% del Nivel Federal de Pobreza
- Beneficiarios de Seguridad del Ingreso Suplementario (SSI, por sus siglas en inglés)
- Adultos de 65 años o más, ciegos o discapacitados (que no reciben SSI)
- Niños o adultos que necesitan servicios de Atención de Largo Plazo en un Centro/Hogar y Atención basada en la Comunidad (Exención).

- Beneficiarios de Medicare de bajos ingresos
- Personas elegibles para los Servicios de Planificación de Plan First
- Personas elegibles para el Programa de Detección Temprana de Cáncer de Mama y Cuello Uterino

Si no está seguro de si califica para Medicaid de Virginia puede llamar a Cubre Virginia al **1-855-242-8282** o visitarnos en https://coverva.dmas.virginia.gov/learn/.

3. ¿Qué cubre Medicare frente a Medicaid?

Medicare es el pagador principal para los afiliados de doble elegibilidad. Los servicios de Medicare pueden ser agrupados en las siguientes categorías:

- **Parte A – Seguro Hospitalario** (atención hospitalaria para pacientes internados en un Centro de Enfermería Especializada, centro de cuidados paliativos y algunos servicios de salud en el hogar)
- **Parte B – Seguro Médico** (servicios médicos, atención ambulatoria, equipo médico durable, servicios de salud en el hogar y varios servicios preventivos), y
- **Parte D – Beneficio de Medicamentos Recetados** (Compañías privadas, aprobadas por Medicare cubren la cobertura de medicamentos recetados para pacientes ambulatorios)

Para los afiliados con doble elegibilidad de beneficios completos, Medicaid cubrirá varios servicios que Medicare no cubre o solo cubre parcialmente. Dichos servicios incluyen, entre otros, los siguientes:

- Atención institucional de largo plazo, como un centro de enfermería o un hospital de estadía prolongada,
- Servicios de atención personal y de salud en el hogar de largo plazo,
- Otros servicios basados en el hogar y en la comunidad como servicios diurnos para adultos, servicios de salud mental en la comunidad y de trastornos por uso de sustancias,
- Servicios de transporte que no son de emergencia,
- Primas de Medicare, copagos y deducibles, y
- Dental y de la vista (limitados).

Todos los afiliados con doble elegibilidad de beneficios completos en Virginia deben inscribirse con una Organización de Atención Administrada (MCO, por sus siglas en inglés) (un plan de seguro médico privado) para su cobertura de Medicaid. Las MCO ofrecen beneficios adicionales como:

- Visión,
- Auditivos,
- Teléfono celular y
- Membresía de gimnasio, entre otros.

Medicaid cubrirá la mayoría de las primas de Medicare, coseguro y copagos para beneficios dobles totales y parciales.

4. ¿Cuáles son mis opciones de inscripción a Medicare y Medicaid en Virginia?

Medicare

Cuando se inscribe en Medicare y durante ciertas épocas del año, puede escoger cómo obtener su cobertura de Medicare. Hay dos formas principales de obtener su cobertura de Medicare: Medicare Original (Parte A y Parte B) o un Plan de Medicare Advantage (Parte C). Algunas personas escogen obtener cobertura adicional, como cobertura de medicamentos recetados de Medicare o el Seguro Complementario de Medicare (Medigap).

Medicare Original

Medicare Original, también conocido como "Medicare tradicional" o "Medicare de Pago por Servicio", incluye la Parte A (seguro hospitalario) y Parte B de Medicare (seguro médico). Si desea cobertura de medicamentos, puede inscribirse a un plan de medicamentos de Medicare por separado (Parte D). Inscribirse en la cobertura de la Parte D es voluntario, pero debe inscribirse para la cobertura de la Parte D para evitar penalizaciones. También puede agregar cobertura complementaria, como seguro de un empleador anterior o Seguro de Medicare Complementario (Medigap) para que le ayude a pagar los gastos de su bolsillo (como su coseguro de 20%).

Con Medicare Original, puede usar cualquier médico u hospital que acepte Medicare, en cualquier lugar de los Estados Unidos).

Medicare Advantage

Medicare Advantage, también conocido como Parte C es una alternativa "todo en uno" a Medicare Original. Estos planes "combinados" incluyen la Parte A, Parte B y usualmente la Parte D. Los planes de Medicare Advantage son proporcionados por planes de seguros médicos privados llamados Organizaciones de Atención Administrada (MCO, por sus siglas en inglés).

Los planes de Medicare Advantage pueden tener costos de bolsillo más bajos que los de Medicare Original. La mayoría ofrecen beneficios extra que Medicare Original no cubre – como visión, auditivos, odontología y más.

En muchos casos, necesitará utilizar doctores que estén en la red del plan.

Planes de Necesidades Especiales

Algunos afiliados pueden ser elegibles para un tipo especializado de plan de Medicare Advantage llamado Plan de Necesidades Especiales (SNP). Los Planes de Necesidades Especiales son diseñados específicamente para atender las necesidades especiales de las personas que se inscriben. Los SNP deben cubrir todos sus beneficios de la Parte A, B y D de Medicare, y todos los SNP deben ofrecer beneficios extra que Medicare Original no cubre –como visión, auditivos, dentales y más. Los SNP también ofrecen coordinación de la atención para asistirle en coordinar y acceder a sus beneficios de salud. Hay tres tipos de SNP:

- SNP Institucional (I-SNP), que está diseñado para atender las necesidades de las personas que cumplen con el nivel institucional de atención, como las que residen en un centro de enfermería.
- SNP de Condiciones Crónicas (C-SNP) que está diseñado para atender las necesidades de las personas con condiciones crónicas graves o de discapacidad, como aquellas con VIH/SIDA o trastornos pulmonares crónicos.
- SNP de Doble Elegibilidad (D-SNP) que está diseñado para atender las necesidades de los afiliados con doble elegibilidad mediante la integración de los servicios y beneficios de Medicare y Medicaid. ***Haga clic aquí para obtener más información sobre los DSNP.***

Para obtener más información sobre sus opciones de inscripción de Medicare puede contactar al Programa de Asesoría y Asistencia sobre Seguros de Virginia (VICAP, por sus siglas en inglés) al **1-800-552-3402 V/TTY** o visite su sitio de internet en este enlace. VICAP es parte de la red nacional de programas que ofrecen asesoría y asistencia GRATUITA, imparcial y confidencial para personas con Medicare.

Medicaid

La mayoría de las personas inscritas en Medicaid deben inscribirse en uno de los seis planes de Atención Administrada de Medicaid del Estado, comúnmente conocidas como Organizaciones de Atención Administrada (MCO, por sus siglas en inglés). Estos planes cubrirán todos sus beneficios médicos, de comportamiento y de atención de largo plazo, así como sus medicamentos recetados.

- La mayoría de los inscritos en Medicaid tendrán un copago de $0.
- Necesita utilizar doctores que estén en la red del plan.
- Los planes ofrecen beneficios adicionales que el Medicaid tradicional, a veces llamado Pago por Servicio de Medicaid, no cubre, como servicios de visión, auditivos, y más.

5. ¿Cómo me inscribo?

Medicare

Medicare Original

Para calificar para Medicare, las personas generalmente necesitan tener 65 años o más, o ser ciegas, o tener una discapacidad que califique y ser ciudadano de los Estados Unidos o un residente legal que ha vivido en los Estados Unidos al menos por 5 años seguidos.

La mayoría de las personas que se determinan elegibles para Medicare son inscritas automáticamente en Medicare Original cuando se inscriben por primera vez en Medicare. Usted puede cambiar la forma en la que obtiene su cobertura de Medicare cuando se inscribe por primera vez en Medicare y durante ciertas épocas del año.

Si está inscrito en Medicare Original, es posible que desee escoger un plan de la Parte D (medicamentos recetados). La cobertura de medicamentos recetados de Medicare es un beneficio opcional para todas las personas que tienen Medicare.

Si decide no obtener la cobertura de medicamentos recetados de Medicare cuando es elegible por primera vez, puede que tenga que pagar una penalización por inscribirse tarde, si se inscribe posteriormente. Antes de escoger un plan de la Parte D debe considerar sus prioridades específicas, que incluyen, entre otras, las siguientes:

- ¿Toma un medicamento específico?
- ¿Desea una protección extra contra los altos costos de los medicamentos recetados?
- ¿Toma muchas recetas genéricas?

Una vez que elija un plan de medicamentos de la Parte D que se ajuste a sus necesidades, puede inscribirse en él utilizando las siguientes opciones:

- Inscríbase en el Buscador de Planes de Medicare o en el sitio web del plan.
- Llame al plan
- Complete el formulario de inscripción en papel. Comuníquese con el plan para obtener un formulario de inscripción, complételo y devuélvalo al plan.
- Llame al 1-800-MEDICARE (1-800-633-4227).

Medicare Advantage

No todos los planes de Medicare Advantage funcionan igual. Antes de inscribirse, tómese tiempo para encontrar y comparar planes de salud de Medicare en su área. Una vez que entienda las reglas y costos del plan, aquí le mostramos cómo inscribirse:

- Utilice el Buscador de Planes de Medicare.
- Visite el sitio web del plan para ver si puede inscribirse en línea.
- Complete el formulario de inscripción en papel. Comuníquese con el plan para obtener un formulario de inscripción, complételo y devuélvalo al plan.
- Llame al plan.
- Llame al 1-800-MEDICARE (1-800-633-4227).

Para obtener más información sobre sus opciones de inscripción de Medicare y obtener asistencia para inscribirse, puede contactar al Programa de Asesoría y Asistencia sobre Seguros de Virginia (VICAP, por sus siglas en inglés) al **1-800-552-3402 V/TTY**. VICAP es parte de la red nacional de programas que ofrecen asesoría y asistencia GRATUITA, imparcial y confidencial para personas con Medicare.

Medicaid

Si no está inscrito en Medicaid

Para calificar para el Medicaid de Virginia debe ser residente del estado de Virginia, cuya situación financiera generalmente se caracteriza como de ingresos bajos o muy bajos y también debe ser ciudadano estadounidense o un residente legal que ha vivido en los Estados Unidos por al menos 5 años seguidos. Para calificar para el Medicaid de Virginia debe cumplir con al menos uno de los siguientes:

- Niños menores de 19 años
- Mujeres embarazadas
- Adultos trabajadores de 19 a 64 años con ingresos de hasta el 138% del Nivel Federal de Pobreza
- Beneficiarios de Seguridad del Ingreso Suplementario (SSI, por sus siglas en inglés)
- Adultos de 65 años o más, ciegos o discapacitados (que no reciben SSI)
- Niños o adultos que necesitan servicios de Atención de Largo Plazo en un Centro/Hogar y Atención basada en la Comunidad(Exención).
- Beneficiarios de Medicare de bajos ingresos
- Personas elegibles para los Servicios de Planificación Familiar de Plan First
- Personas elegibles para el Programa de detección temprana del cáncer de mama y cuello uterino

Si no está seguro de si califica para Medicaid de Virginia comuníquese con CubreVA al **1-855-242-8282** o visítenos en https://coverva.dmas.virginia.gov/learn/.

Si ya está inscrito en Medicaid

En Virginia, la mayoría de los inscritos en Medicaid deben inscribirse con uno de los cinco planes de seguro médico privado llamados Organizaciones de Atención Administrada (MCO, por sus siglas en inglés). Estos planes cubrirán sus beneficios médicos, de comportamiento y de atención de largo plazo, así como sus medicamentos recetados.

- La mayoría de los inscritos en Medicaid tendrán un copago de $0.
- Necesita utilizar doctores que estén en la red del plan.
- Los planes ofrecen beneficios adicionales que el Medicaid tradicional, a veces llamado Pago por Servicio de Medicaid, no cubre, como servicios de visión, auditivos, y más.

Planes de Necesidades Especiales de Doble Elegibilidad

1. ¿Qué significa "doble elegibilidad"?

Los términos "Doble elegibilidad" o "afiliados con elegibilidad doble" generalmente se refiere a cualquier persona que sea elegible tanto para Medicare como para Medicaid. Son "doblemente elegibles" para ambos programas de atención médica.
Algunas personas inscritas con doble elegibilidad son elegibles para todos los beneficios y servicios de Medicare y Medicaid y, en ocasiones, son referidas como "personas con doble elegibilidad de beneficio completo". Otros pueden ser elegibles para todos los beneficios de Medicare, pero solo reciben asistencia del estado a través del pago de su prima y, copagos y deducibles. En ocasiones se les refiere como "personas con doble elegibilidad con beneficio parcial". Las personas con doble elegibilidad con beneficio parcial no reciben los beneficios completos de Medicaid.

2. ¿Cómo se si tengo doble elegibilidad?

Siempre que cumpla con los requisitos federales para la elegibilidad de Medicare y los requisitos específicos estatales para la elegibilidad de Medicaid, calificará como una persona con doble elegibilidad.

Para calificar para Medicare, las personas generalmente deben tener 65 años o más, ser ciegas, o tener una discapacidad que califique y ser ciudadano estadounidense o residente legal que ha vivido en los Estados Unidos por al menos 5 años seguidos. Si no está seguro de si califica para Medicare, puede llamar a Medicare al **1-800-Medicare (1-800-633-4227)**

Para calificar para Medicaid de Virginia debe ser un residente del estado de Virginia, cuya situación financiera generalmente se caracterizaría como una de bajos ingresos o muy bajos ingresos, y también debe ser ciudadano de los Estados Unidos o un residente permanente que ha vivido en los Estados Unidos al menos 5 años seguidos. Para calificar para Medicaid de Virginia, debe cumplir con al menos uno de los siguientes criterios:

- Niños menores de 19 años
- Mujeres embarazadas
- Beneficiarios de Seguridad del Ingreso Suplementario (SSI, por sus siglas en inglés)
- Adultos de 65 años o más, ciegos o discapacitados (que no reciben SSI)
- Niños o adultos que necesitan servicios de Atención de Largo Plazo en un Centro/Hogar y Atención basada en la Comunidad(Exención).
- Beneficiarios de Medicare
- Plan First – Servicios de Planificación Familiar
- Programa de detección temprana del cáncer de mama y cuello uterino

Si no está seguro de si califica para Medicaid de Virginia puede llamar a Cubre Virginia al **1-855-242-8282** o visitarnos en https://coverva.org/eligibility/.

3. ¿Qué es un Plan de Necesidades Especiales de Doble Elegibilidad (D-SNP)?

Los afiliados con doble elegibilidad frecuentemente tienen necesidades de atención médica complejas. Muchos inscritos con doble elegibilidad tienen múltiples condiciones médicas crónicas (enfermedades del corazón, diabetes, trastornos mentales, etc.) y tiene dificultades con las actividades diarias (moverse, vestirse, ducharse, etc.). Además de las difíciles necesidades de atención médica, los inscritos de doble elegibilidad tienen que navegar dos sistemas de atención médica (Medicare y Medicaid) que no fueron diseñados para funcionar conjuntamente. Los D-SNP están diseñados para mejorar la calidad de la atención médica para los afiliados con doble elegibilidad que pueden necesitar asistencia adicional al coordinar todos sus beneficios de Medicare y Medicaid.

- Los D-SNP deben cubrir todos sus beneficios de la Parte A, B y Parte D de Medicare.
- Los D-SNP deben ofrecer beneficios adicionales que Medicare Original no cubre, como servicios de visión, auditivos, dentales, y más.
- Los D-SNP brindarán coordinación de la atención para asistirle a coordinar y acceder a sus beneficios de Medicare y Medicaid.

Además, las personas inscritas en un D-SNP califican frecuentemente para costo de cofinanciación cero o de bajo costo (copagos, primas y deducibles).

4. ¿Por qué debería de inscribirme en un D-SNP?

Navegar Medicare y Medicaid puede ser confuso y resultar en brechas innecesarias en su atención médica. Con la coordinación de los beneficios de Medicare y Medicaid, los D-SNP pueden facilitar la navegación del sistema de atención médica de los afiliados. Esto es especialmente importante para las personas con múltiples condiciones médicas crónicas.

Los D-SNP deben cubrir todos los servicios que recibe a través del Medicare tradicional y otros planes de Medicare Advantage. Los D-SNP también proporcionan coordinación de la atención para asistir a los afiliados a navegar, coordinar y acceder a los servicios necesarios. Además, las personas que se inscriben en un D-SNP frecuentemente califican para costo de cofinanciación cero o de bajo costo (copagos, primas y deducibles). Como un bono adicional, los D-SNP ofrecen beneficios adicionales que no están cubiertos bajo el Medicare tradicional, que pueden incluir:

- Atención dental, como exámenes, rayos x, limpiezas, empastes, coronas y extracciones;
- Exámenes auditivos y acceso a aparatos auditivos a un costo reducido;
- Examen de la vista anual y crédito para anteojos; y
- Transporte

Para obtener más información sobre sus opciones de inscripción de Medicare puede contactar al Programa de Asesoría y Asistencia sobre Seguros de Virginia (VICAP, por sus siglas en inglés) al 1-800-552-3402 V/TTY o en su sitio web en este enlace. VICAP es parte de la red nacional de programas que ofrecen asesoría y asistencia GRATUITA, imparcial y confidencial para personas con Medicare.

5. ¿Debo alinear mi inscripción en DSNP con mi plan de Medicaid?

Sí. Todos los afiliados de Medicaid de Virginia que se inscriban en un D-SNP deben inscribirse en el D-SNP administrado por su plan de salud de Medicaid (también conocido como Organización de Atención Administrada o MCO, por sus siglas en inglés). Debido a este requisito, el D-SNP que elija también podría afectar su inscripción en Medicaid. Por ejemplo, si actualmente está inscrito en Anthem Healthkeepers para Medicaid y desea inscribirse en un D-SNP, debe elegir un D-SNP administrado por Anthem para mantener su plan de Medicaid de Anthem. Si no desea un D-SNP de Anthem, pero sí desea mantener su Medicaid de Anthem, tiene opciones: puede elegir Medicare Original con un plan de medicamentos recetados de la Parte D u otro plan Medicare Advantage que no sea un D-SNP. Si aún desea un D-SNP, pero no desea inscribirse en Anthem, puede elegir el D-SNP de otra MCO, pero deberá inscribirse en el plan de Medicaid de esa MCO.

Obtener cobertura D-SNP y Medicaid de la misma MCO se denomina se llama “inscripción alineada”. La inscripción alineada proporciona algunos beneficios importantes para los miembros:

- Un plan que coordina toda la atención entre Medicare y Medicaid.
- Algunos materiales de los afiliados integrados que incluyen información sobre los servicios de Medicare y Medicaid.
- Una amplia red de proveedores.
- Una coordinación oportuna de la atención.
- Menos confusión parta afiliados y proveedores.
- Acceso más fácil a especialistas que tienen contrato con Medicare y Medicaid.
- Mejores resultados de salud.

Las personas que han alineado su inscripción reportan una mayor satisfacción con su atención médica y mejores resultados de salud.

Si usted tiene Medicare, o está comenzando a ser elegible para Medicare y desea alinear su inscripción, puede llamar al número de teléfono de los Servicios para Afiliados de su plan de Medicaid (al reverso de su tarjeta de identificación de afiliado) y decirles que desea inscribirse en su D-SNP. También puede llamar al número de teléfono de Servicios para Afiliados de su plan D-SNP (al reverso de su tarjeta de identificación) o utilizar la información de contacto de su D-SNP proporcionada a continuación y preguntarles sobre la inscripción en su plan de Medicaid.

6. ¿Cuáles son mis opciones de inscripción a D-SNP de Virginia?

A partir del 1 de enero del 2024, existen cinco planes de salud, o MCO, que ofrecen D-SNP en Virginia. Los planes de salud, junto con su información de contacto, aparecen a continuación:

Nombre del plan de salud	Número de teléfono	Sitio web
Aetna Better Health	1-855-463-0933 (TTY: 711)	https://www.aetnabetterhealth.com/virginia-hmosnp/
Anthem HealthKeepers	1-855-679-0541 (TTY: 711)	https://shop.anthem.com/medicare/shop/landing?brand=ABCBS&role=consumer&locale=en_US
Humana Healthy Horizons in Virginia	1-844-881-4482 (TTY:711)	https://www.Humana.com/HealthyVA
Sentara Community Complete	1-844-563-4201 (TTY: 711)	https://www.optimahealth.com/plans/medicare/optima-community-complete-hmo-d-snp
UnitedHealthcare Dual Complete	1-888-638-6613 (TTY: 711)	https://www.uhccommunityplan.com/virginia

1. ***¿Cómo me inscribo a un D-SNP?***

   Antes de unirse, tómese tiempo para encontrar y comparar los planes de salud de Medicare en su área. Una vez que haya entendido las reglas y costos del plan, aquí le mostramos cómo inscribirse:

   - Utilice el Buscador de Planes de Medicare.
   - Reúnase con un agente con licencia local
   - Visite el sitio web del plan para ver si puede unirse en línea. (Ver arriba)
   - Complete un formulario de inscripción en papel. Contacte el plan para obtener un formulario de inscripción, complételo y devuélvalo al plan.
   - Llame al plan. (Ver arriba)
   - Llame al 1-800-MEDICARE (1-800-633-4227) para obtener ayuda con la inscripción.

   No tiene que esperar a la inscripción abierta de Medicare (de octubre a diciembre). La mayoría de las personas se pueden inscribir a D-SNP en cualquier época del año.

   Para obtener más información sobre sus opciones de inscripción de Medicare puede contactar al Programa de Asesoría y Asistencia sobre Seguros de Virginia (VICAP, por sus siglas en inglés) al **1-800-552-3402 V/TTY** o en su sitio web en este enlace. VICAP es parte de la red nacional de programas que ofrecen asesoría y asistencia GRATUITA, imparcial y confidencial para personas con Medicare.

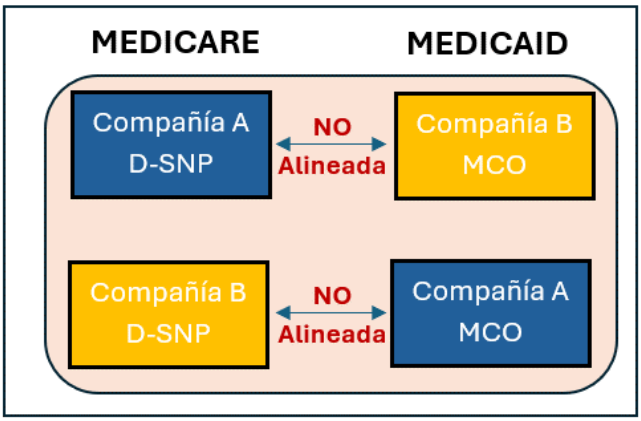
CardinalCare
Virginia's Medicaid Program

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.

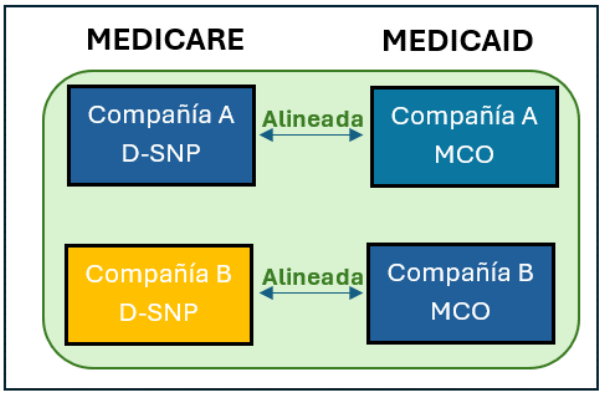
La "inscripción exclusivamente alineada" ocurre cuando un afiliado de D-SNP que es elegible para la cobertura completa de Medicaid recibe sus beneficios de MCO de Medicaid y Medicare de la misma MCO. Esta es una excelente opción para los afiliados de D-SNP porque les ofrece un paquete combinado de beneficios 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.
- 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

Nombre del Plan de Salud	Información del Plan de Medicaid	Información del D-SNP
		1-855-949-3321 (TTY: 711)
Humana Healthy Horizons in Virginia	https://www.Humana.com/HealthyVA 1-844-881-4482 (TTY:711)	https://www.Humana.com 1-800-833-2364 (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)

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 enwww.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.

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 quedarse 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:
    - 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**”.
    - 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**.
    - 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**.
    - 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**”.
    - 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**.
    - 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. 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.

    - 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.
    - 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).
    - 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.

- **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 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**.
  - 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**.
  - 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.