Dual Eligible Special Needs Plans (D-SNPs) Default Enrollment

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State Health Insurance Assistance Program (SHIP) Director
2025

Acknowledgements

This program is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

SHIP
State Health Insurance
Assistance Program

Navigating Medicare

Agenda

Overview of Dually Eligible Individuals

Overview of Dual Eligible Special Needs Plans (D-SNPs)

Wisconsin's Goal to Improve Alignment

Explanation of Default Enrollment

Resources

Overview of Dually Eligible Individuals ("Duals")

What is Dual Eligibility?

- Dually eligible individuals ("duals") have both Medicare and Medicaid.

- Medicaid beneficiaries can get Medicare (and become "dually eligible") when they:
  - Turn 65.
  - Reach their 25th month of receiving disability benefits.

What is Dual Eligibility?
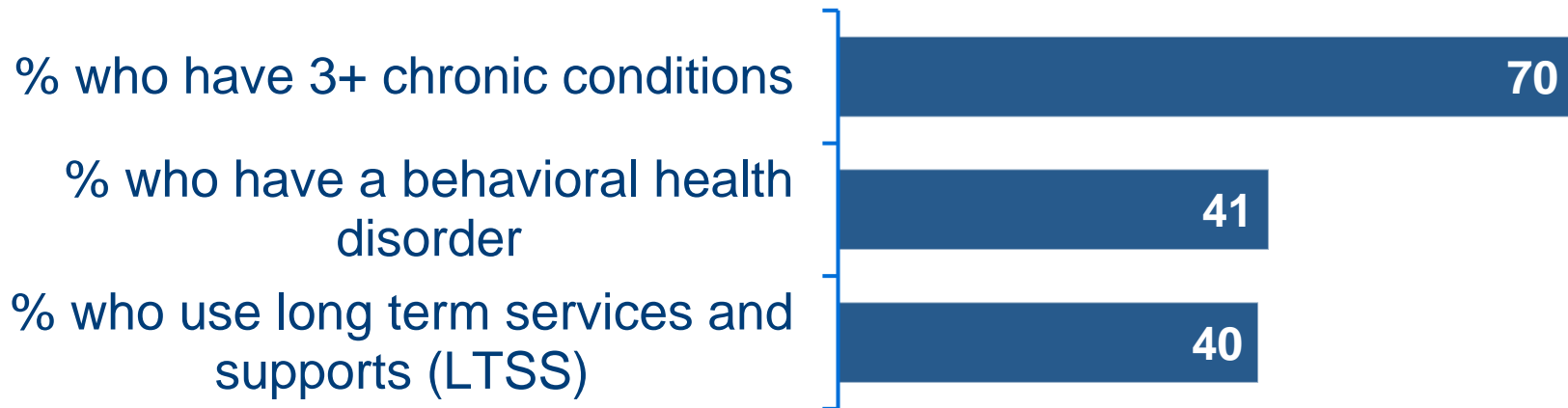
There are different categories of dual eligibility:

	Full benefit dually eligible	**Partial benefit dually eligible**
Have Medicare	√	√
Have full Medicaid	√	X
Have help with Medicare premiums through the [Medicare Savings Program](#)	- (possibly)	√

Default enrollment will only affect full duals.

Why is Dual Eligibility Important?

Dually eligible individuals are more likely to have higher health care needs than the general Medicare or Medicaid populations.

Dually Eligible Individuals

% who have 3+ chronic conditions	70
% who have a behavioral health disorder	41
% who use long term services and supports (LTSS)	40

Source: Integrated Care Resource Center. Dually Eligible Individuals: The Basics. March 2021.

Check Your Understanding

What does "dual eligibility" mean?

a) Being enrolled in two Medicaid programs
b) Being enrolled in Medicare and Medicaid
c) Being a married couple who both have Medicaid

Check Your Understanding

What does "dual eligibility" mean?

    a) Being enrolled in two Medicaid programs

    b) Being enrolled in Medicare and Medicaid

    c) A married couple who both have Medicaid

Check Your Understanding

An example of a "partial dual" is an individual who has:

a) Medicare and full Medicaid only

b) Medicare, full Medicaid, and a Medicare Savings Program

c) Medicare and a Medicare Savings Program only

Check Your Understanding

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Medicaid Managed Care

- Elderly, blind, and disabled (EBD) Medicaid recipients can choose whether they want:

    a) **Fee-for-service Medicaid** (through the state).

    b) **Medicaid managed care** (through a private company).

- **Medicaid managed care** is provided through health maintenance organizations (**HMOs**) and managed care organization (**MCOs**).

Overview of Dual Eligible Special Needs Plans (D-SNPs)

What are Special Needs Plans (SNPs)?

[Special Needs Plans (SNPs)](#) are a type of Medicare Advantage plan that limit membership to people with specific conditions or characteristics. There are three types of SNPs:

1. Chronic Condition SNP (C-SNP)
2. Institutional SNP (I-SNP)
3. Dual Eligible SNP (D-SNP)

What are Dual Eligible Special Needs Plans (D-SNPs)?

D-SNPs:

- Are a type of Medicare Advantage plan.
- Only accept dually eligible individuals as members.
- Must have a special "model of care" tailored to support duals.
- Must sign a contract with the state.
- Must follow requirements to coordinate with Medicaid benefits.

Who Can Enroll in D-SNPs?

Only dually eligible individuals can enroll in D-SNPs.

- D-SNP plans choose which Medicaid programs they accept. D-SNPs vary in whether they accept full and/or partial duals (including Medicare Savings Programs).

- Only Family Care Partnership participants can enroll in Family Care Partnership D-SNPs.

Check Your Understanding

Dual Eligible Special Needs Plans:

a) Have provider networks.

b) Only accept dually eligible members.

c) Coordinate with Medicaid benefits in accordance with state rules.

d) All of the above.

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Wisconsin's Goal to Improve Alignment

Wisconsin's Goal to Improve Alignment

- Wisconsin wants to improve care coordination for people who have Medicaid and Medicare.

- Wisconsin is default enrolling members of SSI* Medicaid HMOs and [Partnership](#) MCOs who become eligible for Medicare into aligned D-SNPs.

*Supplemental Security Income

Wisconsin's Goal to Improve Alignment

Unaligned Enrollment:
Benefits received through two separate programs

Medicare

Benefits include primary and acute care

Medicaid

Benefits include long-term services and supports

Aligned Enrollment:
Benefits managed by the same company

One company provides managed care

Medicare D-SNP

Benefits include primary and acute care

Medicaid HMO/MCO

Benefits include long-term services and supports

What are the Benefits of Aligned Enrollment?

Benefits for beneficiaries:

- Easier-to-find providers who accept both Medicare and Medicaid

- One care manager coordinating all benefits

- Help with maintaining Medicaid eligibility

What are the Benefits of Aligned Enrollment?

- **Benefits for states**: Improved care for members*

- **Benefits for providers**:
  - Streamlined claims
  - Reduced administrative burdens

- **Benefits for plans**: Streamlined claims, payment, and service management

*Kim, H., Charlesworth, C. J., McConnell, K. J., Valentine, J. B., & Grabowski, D. C. (2019). Comparing Care for Dual-Eligibles Across Coverage Models: Empirical Evidence From Oregon. Medical Care Research and Review, 76(5), 661–677. https://doi.org/10.1177/1077558717740206

Anderson, W. L., Fend, Z., & Long, S. K. (2016). Minnesota Managed Care Longitudinal Data Analysis. *ASPE*. Retrieved March 13, 2022, from https://aspe.hhs.gov/reports/minnesota-managed-care-longitudinal-data-analysis-0#main-content

Check Your Understanding

A person has a Medicare Advantage plan through UnitedHealth Care and fee-for-service Medicaid through the state.

Are their Medicare and Medicaid plans "aligned"?

a) Yes
b) No

Check Your Understanding

A person has a Medicare Advantage plan through UnitedHealth Care and fee-for-service Medicaid through the state.

Are their Medicare and Medicaid plans "aligned"?
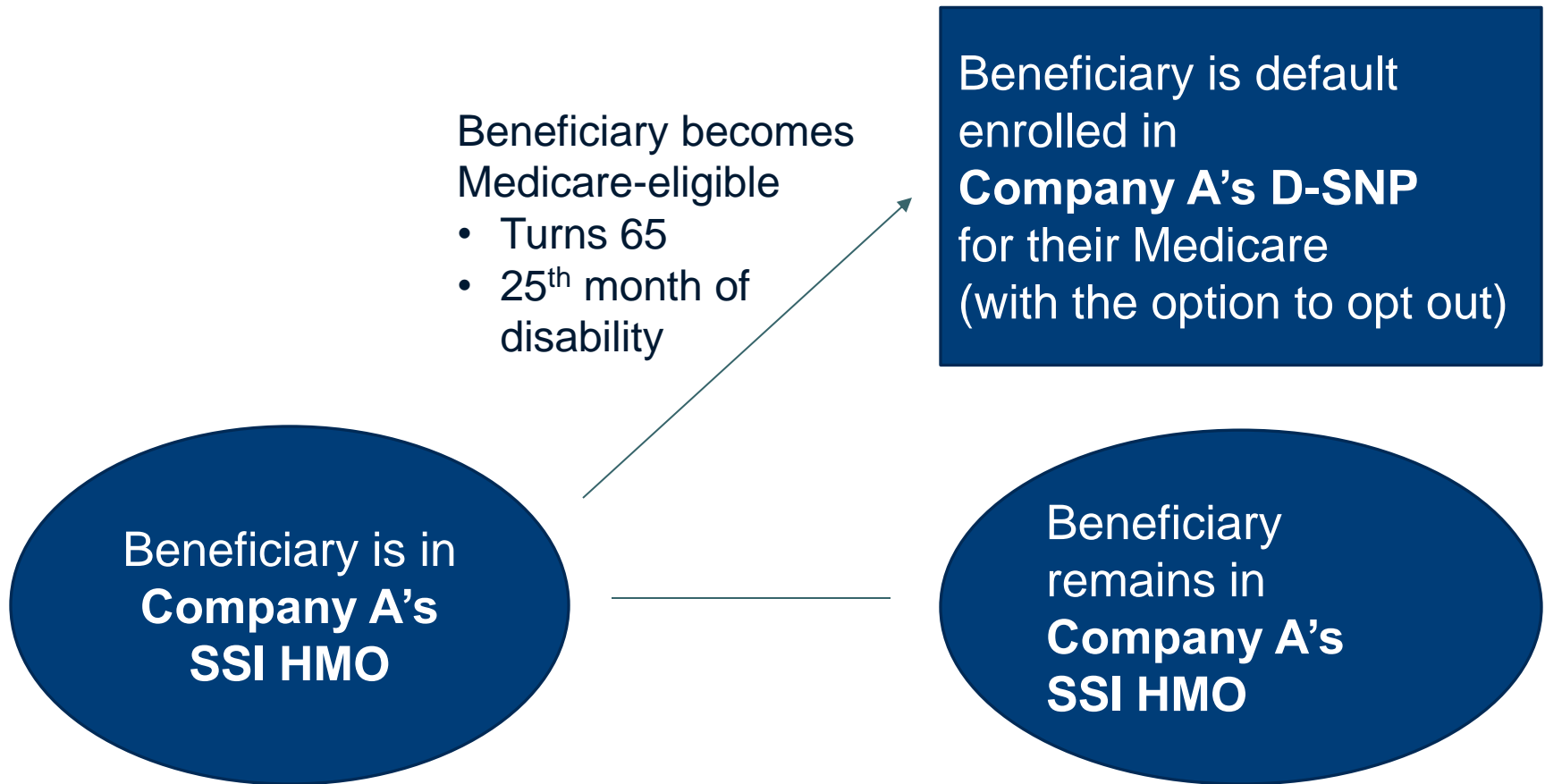
a) Yes

b) No

Default Enrollment

What is Default Enrollment?

Default enrollment is when individuals with SSI Medicaid HMOs or Family Care Partnership MCOs are enrolled into the organization's aligned D-SNP when they first become eligible for Medicare.

Individuals have the option to opt out of default enrollment into the D-SNP.

What is Default Enrollment?

Beneficiary becomes Medicare-eligible
- Turns 65
- 25th month of disability

Beneficiary is default enrolled in **Company A's D-SNP** for their Medicare (with the option to opt out)

Beneficiary is in **Company A's SSI HMO**

Beneficiary remains in **Company A's SSI HMO**

Who Will Get Default Enrolled in D-SNPs?

Members eligible to enroll in D-SNP
Family Care
Family Care Partnership
SSI
SSI Related Medicaid
SSI Related Deductible
MAPP
BadgerCare+ (BC+) Parent/Caretaker
BC+ Childless Adult
BC+ Extension
BC+ Other

Only EBD Medicaid members in these programs who are **already enrolled in an SSI HMO or Partnership MCO by a participating company** will be default enrolled in a D-SNP when they become eligible for Medicare.

Who Will Get Default Enrolled in D-SNPs?

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BC+ Childless Adult
BC+ Extension
BC+ Other

About 100-200 Wisconsinites are default enrolled each month.

Who Cannot Get Default Enrolled in D-SNPs?

- **BadgerCare+ Medicaid members are *not* eligible for default enrollment.**
- **Current duals (who already have Medicare and Medicaid) are *not* impacted by default enrollment.**

Beneficiary Protections: D-SNP Requirements

To implement default enrollment, D-SNPs must maintain:

- A 3+ star rating.
- Significant overlap of Medicare and Medicaid providers in the county (≥ 80%).
- Approval from the state Medicaid office and the Centers for Medicare and Medicaid Services (CMS).

Beneficiary Protections: Opting Out

A person can opt out of default enrollment.

- **The D-SNP will send a notice 60 days before Medicare starts**, explaining that the person is being enrolled in the D-SNP.

- **The person can opt out** by:

  – Mailing back the included opt-out form.

  – Calling the D-SNP.

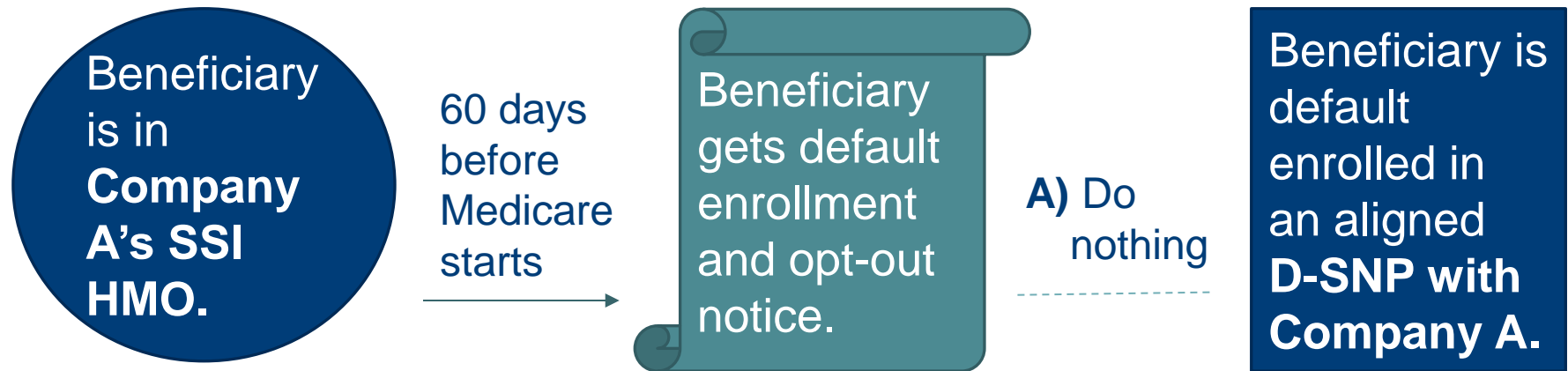- The notice includes SHIP contact information.

Beneficiary Protections: Opting Out

If the person opts out, they are automatically enrolled in Original Medicare and (if they do not choose one for themselves) a Part D plan.
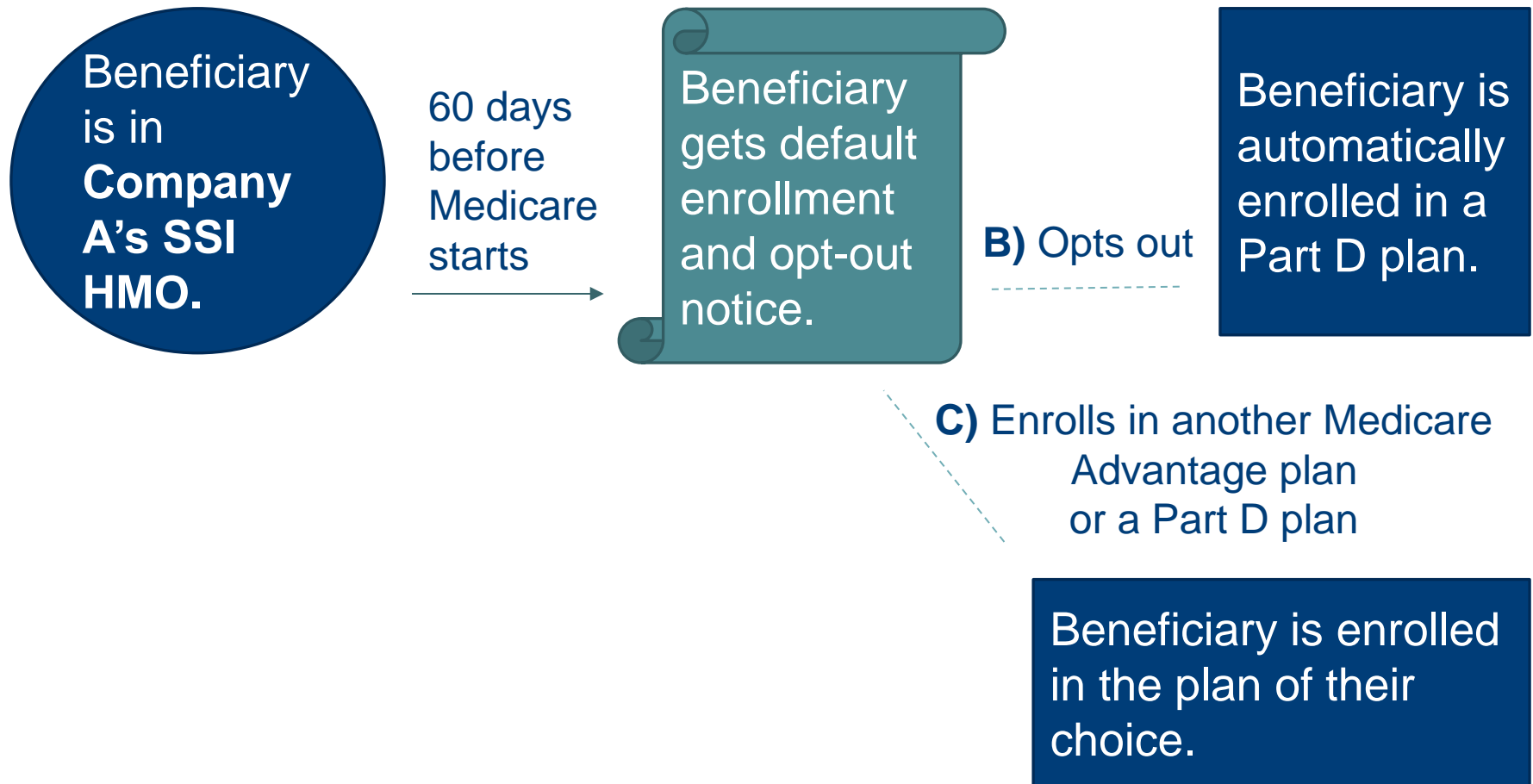
Beneficiary Protections: Active Enrollment Overrules Default Enrollment

- D-SNP companies won't default enroll eligible members if they have already actively enrolled in another Medicare Advantage or a Part D plan.

- **If a beneficiary enrolls in a different Medicare plan** after receiving the default notice, **their chosen plan overrides the D-SNP enrollment**.

Beneficiary Protections: Opting Out

Beneficiary is in Company A's SSI HMO.

60 days before Medicare starts

Beneficiary gets default enrollment and opt-out notice.

A) Do nothing

Beneficiary is default enrolled in an aligned **D-SNP with Company A.**

Beneficiary Protections: Opting Out

Beneficiary is in Company A's SSI HMO.

60 days before Medicare starts →

Beneficiary gets default enrollment and opt-out notice.

B) Opts out

Beneficiary is automatically enrolled in a Part D plan.

C) Enrolls in another Medicare Advantage plan or a Part D plan

Beneficiary is enrolled in the plan of their choice.

Beneficiary Protections: Special Enrollment Periods

State-Initiated Enrollment Special Enrollment Period (SEP):

Beneficiaries can make one change in the 90 days after Medicare coverage (through the D-SNP) begins.

Beneficiary is in an SSI HMO.

Beneficiary is default enrolled in an aligned D-SNP.

Special Enrollment Period

For 90 days after Medicare starts
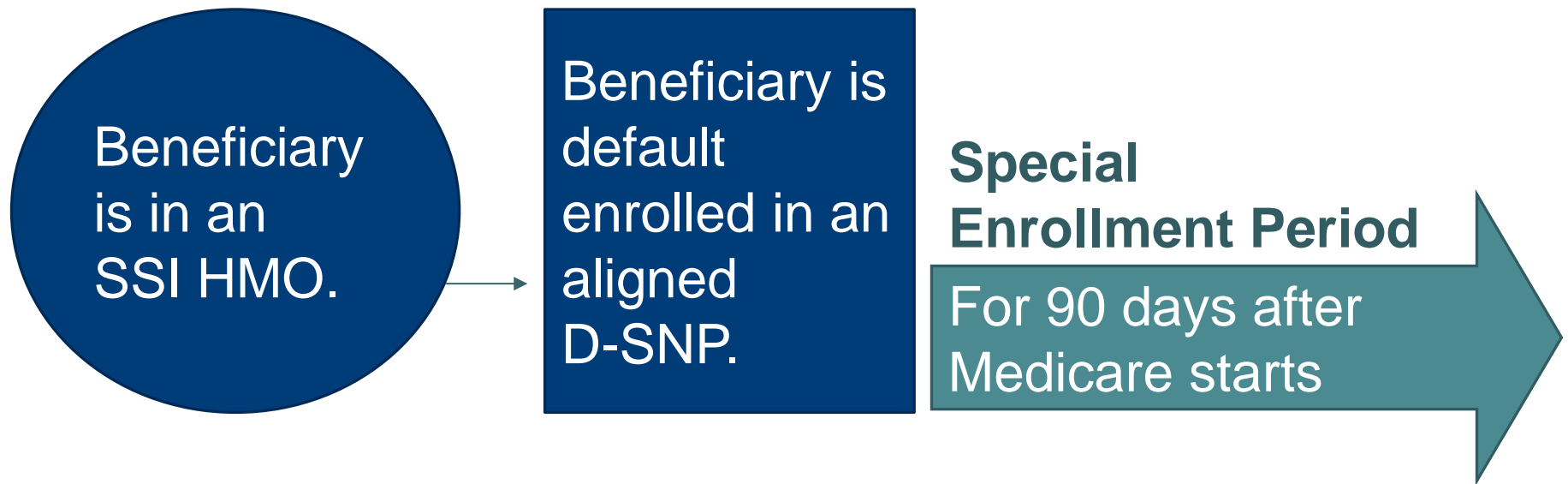
Source: CMS Managed Care Manual, Ch. 2: 30.4.7

Ongoing Part D Special Enrollment Period

Dually eligible individuals can join or change their standalone Part D plan each month.

The change becomes effective the first day of the following month.

January	February	March	April
May	June	July	August
September	October	November	December
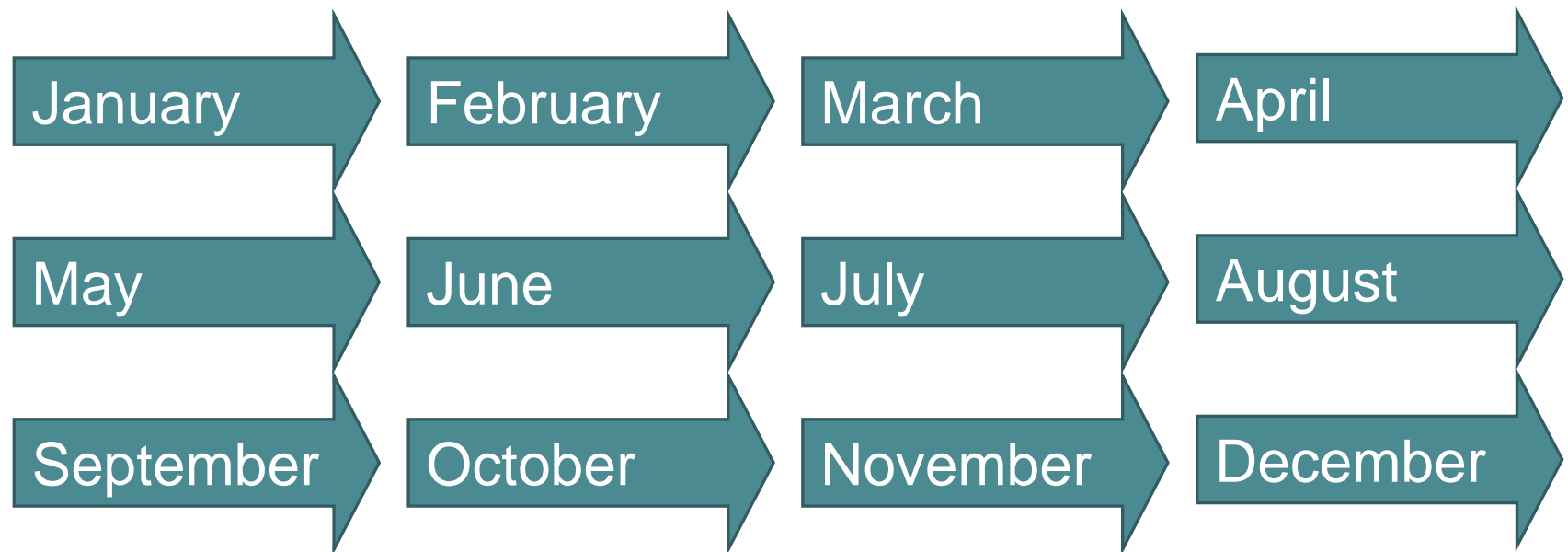
How Do Beneficiaries Decide if a D-SNP is Right for Them?

Beneficiaries should check:

- Whether their **providers** are in-network.
- Whether their **prescriptions** are covered by the D-SNP.
- Expected **costs**.
- Eligibility, costs, and coverage details for any **extra benefits**.

Considerations for Cash Benefits

- Many plans include "flex spending" debit cards for over-the-counter drugs, groceries, and utilities as an extra benefit.
- **Cash benefits do not count as income for Medicaid, Medicare Savings Program, or FoodShare benefits** (MEH).
- **Cash benefits may count as income for other programs**, such as housing vouchers (HUD 2025).

Which Plans are Implementing Default Enrollment?

A list of the plans implementing default enrollment can be found on the:
- [D-SNP Default Enrollment FAQ for SHIP Counselors (P-03265)](#).
- Department of Health Services (DHS) [D-SNP webpage](#).
- [D-SNP service area and eligibility spreadsheet](#).

SHIP Reporting Instructions

- When discussing Special Needs Plans, **select "Dual Eligible Special Needs Plans" as a Topic Discussed** (under Medicare Advantage) in SHIP assessment forms.

- For default enrollment contacts, also **type "default enrollment" in Special Use Field 3**.

SHIP State Health Insurance Assistance Program

[SHIP Reporting Instructions (P-03179)](#)

Check Your Understanding

True or false: Default enrollment will affect BadgerCare+ members.

True or false: Default enrollment will affect people who already have both Medicare and Medicaid.

True or false: Default enrollment will affect some EBD Medicaid members who are in an SSI HMO and are newly eligible for Medicare.

Check Your Understanding

True or false: Default enrollment will affect BadgerCare+ members.

True or false: Default enrollment will affect people who already have both Medicare and Medicaid.

True or false: Default enrollment will affect some EBD Medicaid members who are in an SSI HMO and are newly eligible for Medicare.

Practice

A customer shows you a default enrollment notice they received and asks, "What does this mean?" What do you say?

Practice

Sample response:

"Once you [turn 65], you'll have both Medicare and Medicaid. Right now you have Medicaid with [Aetna]. This letter says that you'll be starting off your Medicare with [Aetna] too so that your health care is coordinated. Let's check and make sure this [Aetna] Medicare plan is a good fit for you. You can choose a different plan if you want."

Review and Resources

Review of Default Enrollment

- D-SNPs are Medicare Advantage plans that are designed for individuals with both Medicare and Medicaid (duals).

- Certain EBD Medicaid members who are already enrolled in a participating Medicaid SSI HMO or Partnership MCO may be default enrolled into an aligned D-SNP when they become eligible for Medicare.

Review of Default Enrollment Continued

- The D-SNP company will mail a notice 60 days before Medicare starts explaining default enrollment.

- Beneficiaries can opt out by mailing a form or calling the D-SNP.

- Beneficiaries should consider drug coverage, provider networks, plan costs, details about extra benefits, and care coordination when deciding whether to opt out.

Review of Special Enrollment Period

Beneficiaries have a Special Enrollment Period to change plans for 90 days after Medicare coverage with the D-SNP starts.

SHIP's Role

- **Help beneficiaries determine whether the D-SNP is the right plan for them**.

- **Share your experiences** with default enrollment and outcomes for beneficiaries with the Wisconsin SHIP Director at michelle.grochocinski@dhs.wisconsin.gov.

- **Track contacts** per the SHIP Reporting Instructions (P-03179).

Resources for Professionals

- [GWAAR Medicare Outreach and Assistance Resources](#) webpage under Dual Special Needs Plans (D-SNPs): [D-SNP Default Enrollment FAQ for SHIP Counselors (P-03265)](#) (includes glossary)

- Federal policy:
  - [42 CFR 422.66 (c)(2)](#)
  - [Medicare Managed Care Manual Ch. 2](#)

Tip: Save the links to publications to open the most current version.

Resources for Professionals and Beneficiaries

[Department of Health Services D-SNP webpage](#)
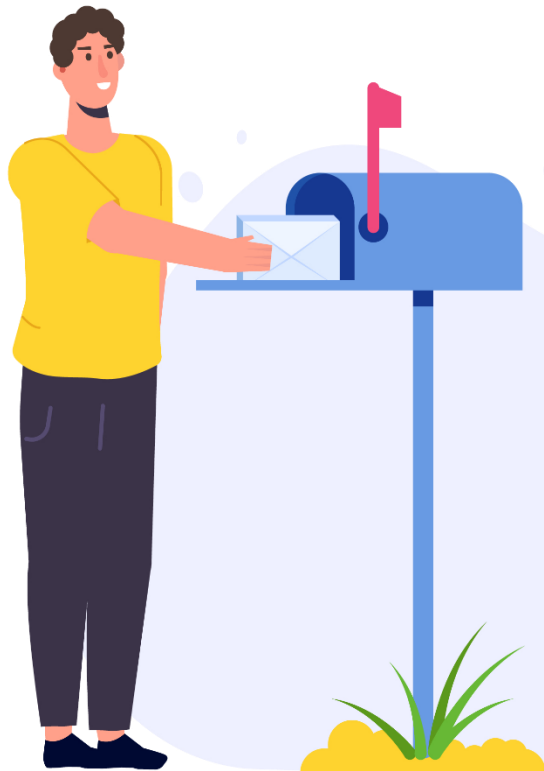
- Sample default enrollment notices:
  - [SSI Medicaid](#)
  - [Family Care Partnership](#)
- [Spreadsheet](#): D-SNPs' service areas and Medicaid eligibility
- Plan benefit package summaries

Resources for Beneficiaries

- Department of Health Services D-SNP webpage: https://www.dhs.wisconsin.gov/benefit-specialists/d-snp.htm

- Brochure (P-03556)

- FAQ for members: https://www.dhs.wisconsin.gov/benefit-specialists/d-snp-faq.htm

Presenter Information

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