2027 CMS DSNP Changes – Key Highlights

Overall Shift

- CMS increasing **Medicare + Medicaid integration**
- Strong push toward **FIDE (Fully Integrated DSNPs)**
    - Integrated benefits – FIDE SNPs can offer $0 Rx copayments for Part D drugs & value added for aligned MyCare Ohio members
    - Medicaid MCO alignment
    - Beyond OTC or supplemental benefits, will my Medicare and Medicaid coordinate?

Carrier Changes

- **DSNP "lookalike" plans restricted**
- Only **FIDE carriers can manage FIDE plans** (FBDE, QMB+, or SLMB+) **and CO DSNP Partial plans** (QMB, SLMB, QI, or QDWI) **in 2027**
- Confirmed FIDE carriers in Ohio
    - Anthem
    - Buckeye
    - CareSource
    - Molina
- **Anthem and Buckeye will offer CO DSNP Partial plans.** CareSource & Molina decline to offer CO- Partial DSNP plans

Members' Impact

- **Non-renewing plans:**
    - Members notified 90 days prior (by 10/2/2026) before termination
- **AEP requirement:**
    - CO DSNP Full & Partial Duals must select a new MA plan or remain in traditional Medicare on 1/1/2027
- **Agents Action**:
    - Move Full Dual clients to FIDE plans using SEP INT before AEP to retain AOR

Full Dual Eligible (2027 Options)

- Can enroll in:
  - Original Medicare
  - Regular Non-DSNP Medicare Advantage Plan
  - FIDE SNP (Non-LTSS or LTSS), if eligible
- Can switch plans with a qualifying SEP
- Key limitations:
  - **Medicaid assignment restricted to FIDE carriers**
- Example: Someone who is QMB+:
  - Members can pick the UHC or Devoted MA plan
  - Medicaid will be **assigned** to one of the FIDE carriers

CO-DSNP Changes (2026 → 2027 Transition)

Full Dual (FBDE, SLMB+, QMB+)

- If enrolled in CO-DSNP on **Anthem, Molina, WellCare in 2026**:
  - Automatically **crosswalked** to the FIDE plans (Non-FIDE or LTSS) from the CO-DSNP is for members of Anthem, Molina, and WellCare in 2026, not all Medicare Advantage plans.
  - List of Plans that will be crosswalked for FULL Dual-Eligible Only:
    - Anthem Full Dual Advantage (H2628-003) & Anthem Full Dual Advantage 2 (H2628-004)
    - Molina Medicare Complete Care (H9955-007)
    - WellCare Dual Liberty (H0908-007) & (H0908-008)

Partial Dual (QMB under Full Dual Coordinated plan)

- Options:
  - Regular Non-DSNP Medicare Advantage Plan
  - Coordinated Partial Dual (available with FIDE carriers only)
  - Original Medicare
- **Exception**: Anthem will crosswalk (QMB) Level members to a *New CO-DNSP Partial Plan* while (SLMB, QDWI, and QI) Levels will remain in their Current CO-DNSP Partial Plan for 2027:
  - QMB Level → *NEW* Anthem Dual Advantage Plus HMO DSNP (H2628 006)
  - SLMB, QDWI, QI Levels → *REMAIN IN CURRENT* Anthem Dual Advantage HMO DSNP (H2628 005)

Non-FIDE Carrier Members (Full or Partial - Aetna, Cigna (HealthSpring), Devoted, Humana, The Health Plan or UHC)

- Must:
    - Choose an MA plan or Original Medicare during AEP
- If no action:
    - Auto-enrolled into Original Medicare by CMS MyCare Ohio Plan Changes

- **Two FIDE plan types:**

    1. **Regular Statewide Plan (Non-LTSS):** Plan must operate a single MyCare statewide plan for the *full dual eligible population*
    2. **LTSS Statewide Plan:** This plan can be tailored with supplemental services to better meet the specific needs of members receiving LTSS

Long-Term Services and Supports (LTSS) PBP

- **Eligibility:**
    - Full Dual Eligible, <u>and</u> ONE of the following:
        - Residents assisted living facilities through the MyCare Ohio Waiver
        - Individuals receiving home and community-based nursing services through the MyCare Ohio Waiver
        - PASSPORT coverage ends when a person enrolls in MyCare and transitions to the MyCare Ohio Waiver.

- **Three FIDE SNP plans have chosen to offer an LTSS PBP:**
    - Anthem
    - Buckeye
    - Molina

- ***CareSource*** *will not offer a separate LTSS plan but will continue providing LTSS coverage and the same supplemental benefits through its General FIDE plan.*

Note<u>: If the member applied for an ineligible FIDE plan, the application will be cancelled, and a new application must be submitted to the correct eligible plan</u>.

SSBCI Rule Changes for 2027 C-SNP & D-SNP Plans

- **Qualifying Conditions**
    - Requirements vary by carrier.

- **Members must meet all three requirements:**
    - Have a qualifying chronic condition.
    - Be at risk of hospitalization.
    - Need intensive care coordination.

- **How eligibility is determined:**
    - Medical and pharmacy claims.
    - Case management data and clinical information from HRA.
    - Healthy Visit and provider attestation.
- **Member status considerations:**
    - New members will be evaluated upon enrollment using the above criteria.
    - Existing members will be renewed annually through claims and provider attestation.

Important note: Carrier approval is required before SSBCI benefits can be used.

Keep in mind the following steps before applying:

1) Before enrollment, it is necessary to verify the member's eligibility, Medicaid eligibility level, waivers (eligible or ineligible), and whether they qualify for LTSS PBP.
2) Don't forget to do HRA to earn compensation since it is one of the factors to verify SSBCI eligibility.
3) Make sure to remind members to do Provider Attestation for SSBCI – Member must send or use another method to their provider for SSBCI approval.
4) Use the correct Enrollment Period (i.e., AEP, INT (Integrated), or other SEPs) on the application.

Sources:
Meeting with the ODM Director
Communication with ODM, Anthem, Buckeye, CareSource, and Molina
ODM 2026 July MyCare Deck
Molina First Look
CareSource Training
Aetna SSBCI One Pager
Anthem 2027 Ohio Slides
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