



Action Steps

Selling D-SNPs Made Easy

1

Master Eligibility

Learn the different dual eligibility categories and familiarize yourself with your state Medicaid agency's website and resources.

2

Learn Levels of Integration in Your Area

Verify with D-SNP carriers in your market whether their D-SNPs have affiliated Medicaid plans. Map out options (if any) for exclusively aligned enrollment for your clients.

3

Understand Enrollment Options

Check with carriers to see if your clients can use the integrated-care Special Enrollment Period (SEP).

4

Prospect for D-SNP Clients

Form a D-SNP marketing plan that includes going to where prospects spend time and grassroots marketing.

5

Customize Your Outreach

Sign up for Integrity's Technology Suite of Solutions to streamline your D-SNP sales and client management and communication.

6

Sell Compliantly

Familiarize yourself with D-SNP compliance requirements, including state-specific rules.

Categories Cheat Sheets

D-SNP Types & Medicaid Eligibility

Dual/ Medicaid Eligibility Category	2025 Monthly Income		Eligibility applicable A & B Cost		Covers Part A Premium (if applicable)	Covers Part B Premium	Covers Parts A & B Cost Sharing	Full Medicaid Coverage
	Individual	Married Couple	Individual	Married Couple				
QMB only	\$1,325	\$1,783	\$9,660	\$14,470	X	X	X	
QMB+	\$1,325	\$1,783	\$2,000	\$3,000	X	X	X	X
SLMB only	\$1,585	\$2,135	\$9,660	\$14,470		X		
SLMB+	\$1,585	\$2,135	\$2,000	\$3,000		X	Varies by state	X
QI	\$1,781	\$2,400	\$9,660	\$14,470		X		
QDWI	\$5,302	\$7,135	\$4,000	\$6,000	X			
FBDE	Determined by state	Determined by state	Determined by state	Determined by state		Varies by state	Varies by state	X

Notes: States may use different income and assets limits for Medicare Savings Programs. States may have different names for the QMB, SLMB, and QI programs. Income and asset disregards are not shown in this table. All states except CT have at least a \$20 monthly disregard for unearned income. Other income and asset disregards vary by state. DC only has a QMB program, with expanded eligibility to 300% FPL. Alaska and Hawaii have higher income eligibility limits than the 48 contiguous states. Asset limits do not include \$1,500 for burial expenses. These expanded income and asset limits only apply to Medicare premium and cost-sharing assistance through the Medicare Savings Programs. Beneficiaries still are required to meet state-defined eligibility criteria to receive full Medicaid benefits in their state. \$2,000 and \$3,000 are the asset limits for the Supplemental Security Income (SSI) program. Although certain categories of dually eligible beneficiaries are eligible for Medicaid coverage of their Medicare cost sharing, the Balanced Budget Act of 1997 gave states the option of paying the lesser of (1) the full amount of Medicare deductibles and coinsurance, or (2) the amount, if any, by which Medicaid's rate for a service exceeds the amount already paid by Medicare. Some states, referred to as 209(b) states, use more restrictive limits and methodologies when determining eligibility for full Medicaid benefits.

<https://content.naic.org/state-insurance-departments>

<https://www.kff.org/other/state-indicator/eligibility-for-medicare-savings-programs-for-specified-low-income-medicare-beneficiaries-slmbs/>

D-SNP Types & Medicaid Eligibility Categories Cheat Sheets

DUAL/MEDICAID ELIGIBILITY CATEGORY							
TYPE OF D-SNP	QMB	QMB+	SLMB	SLMB+	QI	QDWI	FBDE
FBDE		✓		✓			✓
Medicare Zero Cost Sharing	✓	✓					
Dual Eligible Subset	✓	✓	✓	✓	✓	✓	✓
Subset Medicare Zero Cost Sharing Dual Eligible	✓	✓	✓	✓	✓	✓	✓

D-SNP Glossary

Not sure what something means? Here is a collection of terms used in the Action Steps for Selling D-SNP you might hear in the D-SNP space.

Term	Definition
<u>Coordinated care plan (CCP)</u>	A designation for certain types of Medicare Advantage plans that practice care coordination, or the organization of a patient's care across multiple health care providers. All SNPs qualify as CCPs and other types of MA plans that may qualify include HMOs, PPOs, and POS plans.
<u>Care integration</u>	The combination and application of different aspects of health (i.e., physical, behavioral, social) into a single, more unified approach to care. Typically aims to address the collective health concerns of individuals with complex conditions to improve quality of care and overall health.
<u>Complex care</u>	Services provided to high-need individuals who often require a higher level of care, resulting in higher costs than for an average individual. Complex care individuals often suffer from multiple chronic conditions or disabilities that require more clinically complex attention and care delivery. D-SNP enrollees <u>statistically have more chronic conditions</u> and require more complex care.
<u>Dual eligibility</u>	Refers to an individual's eligibility to enroll in both Medicaid and Medicare programs. Individuals who are eligible for both programs are commonly referred to as duals or dual eligibles.
<u>Dual Eligible Special Needs Plan (D-SNP)</u>	A type of MA plan made for duals or dual eligibles. DSNPs aim to help centralize the care from Medicare and Medicaid and provide patient-focused care that is easier to navigate.

Term	Definition
<u>Exclusively aligned enrollment (EAE)</u>	A type of enrollment that occurs when state policy limits enrollment in a D-SNP to only full-benefit dually eligible individuals who receive Medicaid benefits through the D-SNP or an MMCO owned and operated by the same parent company as the D-SNP (i.e., an affiliated plan). Exclusively aligned enrollment better integrates Medicare and Medicaid benefits, such as enabling fully integrated enrollee materials, single ID cards, and unified appeal and grievance processes. These levels of integration are only feasible when D-SNPs operate with exclusively aligned enrollment.
<u>Extra Help</u>	See " <u>Part D Low-Income Subsidy</u> "
<u>Federal poverty level (FPL)</u>	A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain programs and benefits including savings on Marketplace health insurance, and Medicaid and CHIP coverage.
Full-benefit dual eligible	Qualifying for all a state's Medicaid assistance (includes <u>Medicaid eligibility categories</u> QMB +SLMB+, and FBDE)
Integrated-care SEP	An SEP that allows dually eligible individuals to enroll into an integrated D-SNP plan when the individual also receives Medicaid services through an affiliated managed care plan. Eligible individuals may switch plans up to one time per month.
Managed care	A type of health care focused on lowering costs while maintaining quality care through strategies such as provider networks, prescription drug tiers, and provider oversight.
Medicaid managed care organization (MMCO)	A health care delivery system designed to improve costs, utilization, and quality. An MMCO provides delivery of Medicaid health benefits and services through a contractual agreement with a state Medicaid agency.

Terms	Definition
<u>Medicare Savings Programs (MSPs)</u>	Also known as Medicare Buy-In programs or Medicare Premium Payment Programs, MSPs help pay your Medicare costs if you have limited income and savings. The four programs, each with different benefits and eligibility requirements, overlap partial-benefit dual eligible categories, and include QMB, SLMB, QI, and QDWI.
Model of Care (MOC)	A comprehensive document outlining the framework for how health care services will deliver care to plan beneficiaries. As stipulated under section 1859(f)(7) of the Social Security Act, every SNP must have an MOC, which provides the foundation for promoting SNP quality, care management, and care coordination processes. A MOC is essential for ensuring that the unique needs of each beneficiary are identified by the SNP and addressed through the plan's care management practices.
Part D Low-Income Subsidy (LIS)	A program that covers some of the Part D prescription plan costs, like premiums, deductibles, and copays.
Partial-benefit dual eligible	Qualifying for only part of a state's Medicaid assistance (includes <u>Medicaid eligibility categories</u> QMB only, SLMB only, QI and QDWI)
Pre-enrollment checklist (PECL)	A standardized form of CMS-required subjects that helps people understand the benefits and rules of a Medicare plan. CMS requires you to discuss each subject prior to enrollment. D-SNP sales require an additional checklist step.
Special Needs Plan (SNP)	A type of MA CCP designed to provide targeted care and limit enrollment to special needs individuals.
State Medicaid agency contracts (SMACs)	A formal written agreement between an MA organization and the state Medicaid agency documenting each entity's roles and responsibilities with regard to dual-eligible individuals.
Summary of Benefits (SB)	A document that provides information about a health plan's benefits and coverage, including covered benefits, cost-sharing provisions, coverage limitations and exceptions, deductible, copayments, coinsurance, and out-of-pocket limits.

D-SNP Sales Checklist

Here's a master checklist to follow when entering the D-SNP space.



Prepping Your Portfolio

- Contact **Agent Pipeline**, for D-SNP contract recommendations in you market from one of our local marketers.
- Contract for the most competitive D-SNPs in your area.
- Complete any carrier-required D-SNP trainings or certifications.



Education & Research

- Reach out to your D-SNP carriers and review plan information to learn more about your new contracts:
 - What level of integration does it achieve (FIDE, HIDE, CO,AIP)? Is it a PPO or HMO plan?
 - Does it qualify as Full- Benefit Dual Eligible, Medicare Zero Cost Sharing, Dual Eligible Subset, or Dual Eligible Subset Medicare Zero Cost Sharing?
 - Does it have an affiliated MMCO?
 - Is the integrated- care SEP available?
- Familiarize yourself with your state Medicaid agency and state-specific rules.



Prospecting

- Create a D-SNP strategy
 - Implement Grassroot marketing tactics
 - Think about places you can connect with dual-eligible clients
- Ensure you are up to date on MA compliance rules and guidelines
- Create compliant D-SNP promotional material
 - Utilize Agent Pipeline's marketing catalog
- Hold educational events if desired
- Begin building relationships with prospects



During Appointments

- Work to build a relationships with your client by actively listening, showing interest, and asking questions
- Verify Medicaid eligibility
- Follow Agent Pipeline's Compliant Sales Checklist (including obtaining permission to contract, a Scope of Appointment, etc.)
- Discuss everything on the pre-enrollment checklist, including D-SNP required language.



After Appointments

- Use the 30-60-90 day method one month after enrollment to see if your client has any questions or feedback
- Continue following up every three to six months
- Perform Mid-Year check-ins
- Encourage clients to schedule annual reviews (more if an integrated-care SEP is available)
- Ask your client for referrals
- Stay up to date on any federal or state D-SNP changes