

# ALAMEDA ALLIANCE FOR HEALTH

## MEDICARE ADVANTAGE (MA) DUAL ELIGIBLE SPECIAL NEEDS PLAN (D-SNP) FREQUENTLY ASKED QUESTIONS (FAQS)

**Q: What is a Medicare Advantage (MA) Plan?**

**A:** A Medicare Advantage (MA) Plan provides Medicare Part A and Part B coverage, supplemental benefits, and usually a Part D drug benefit. Part A and Part B are also called Original Medicare or Traditional Medicare. MA Plans, sometimes called “Part C,” are offered by Medicare-approved private companies that follow the rules set by Medicare. An individual still has the same rights and protections under all Medicare plans. To learn more about MA Plans, please visit [www.medicare.gov/Pubs/pdf/12026-Understanding-Medicare-Advantage-Plans.pdf](http://www.medicare.gov/Pubs/pdf/12026-Understanding-Medicare-Advantage-Plans.pdf).

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

**A:** Dual Eligible Special Needs Plans (D-SNPs) enroll individuals who qualify for both Medicare (title XVIII) and medical assistance from a state plan under Medicaid (title XIX). In California, Medicaid is called Medi-Cal. States cover some Medicare costs, depending on the state and the individual’s eligibility. States and health plans may vary in determining their eligibility categories. D-SNPs are a federal product, not a state product. To learn more about D-SNPs, please visit [www.cms.gov/medicare/enrollment-renewal/special-needs-plans/dual-eligible](http://www.cms.gov/medicare/enrollment-renewal/special-needs-plans/dual-eligible).

**Q: Is a D-SNP considered an MA Plan or a Medicare Advantage Prescription Drug (MAPD) Plan?**

**A:** Both. D-SNP is a type of MA plan. D-SNP is also an MAPD plan because D-SNPs are required by the Centers for Medicare and Medicaid Services (CMS) to offer a prescription drug plan. Therefore, a D-SNP will always have a prescription drug benefit.

**Q: What is the Alameda Alliance for Health (Alliance) MA D-SNP?**

**A:** The new Alameda Alliance for Health (Alliance) MA D-SNP plan serves Alameda County residents who are eligible for both Medicare and Medi-Cal benefits. These individuals are also referred to as dual eligible. This plan is designed to better coordinate services by providing a single point of contact for both programs and simplifying administrative processes for providers and members. The D-SNP will be offered as a complement to other Alliance programs and help us in our mission to improve the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services. To learn more about integrated care for dual-eligible individuals, please visit [www.dhcs.ca.gov/services/Pages/Integrated-Care-for-Dual-Eligible-Beneficiaries.aspx](http://www.dhcs.ca.gov/services/Pages/Integrated-Care-for-Dual-Eligible-Beneficiaries.aspx).

**Q: Why are you adding a D-SNP?**

**A:** Beginning in 2023, the California Department of Health Care Services (DHCS) implemented policies to promote integrated care for individuals who are eligible for both Medicare and Medi-Cal. As part of the California Advancing and Innovating Medi-Cal (CalAIM) effort, DHCS limited new MA D-SNPs and expanded county service areas to only allow D-SNPs with an ongoing affiliation with a Medi-Cal managed care plan, such as the Alliance. DHCS transitioned the Cal MediConnect (CMC) program to an integrated Exclusively Aligned Enrollment (EAE) D-SNP program. This means enrollees in an EAE D-SNP will have the same managed care plan for Medi-Cal and Medicare coverage. DHCS aims to implement EAE D-SNPs statewide by Thursday, January 1, 2026.

**Q: What is Exclusively Aligned Enrollment (EAE)?**

**A:** Under EAE, members enroll in a D-SNP for Medicare benefits and a Medi-Cal Managed Care Plan for Medi-Cal benefits that are both operated by the same parent organization for better care coordination and integration. EAE D-SNPs offer an integrated approach to care and care coordination. The aligned Medicare D-SNP and Medi-Cal plans work together to deliver all covered benefits to their members. Since all members in the plan are also enrolled in the aligned managed care plan, the member may receive integrated member materials, such as one aligned member ID card. Enrollment into the exclusively aligned enrollment D-SNP will result in the member's Medi-Cal plan changing to the same parent organization's Medi-Cal managed care plan.

**Q: Will the Alliance automatically enroll members into the D-SNP?**

**A:** No. Members will have to enroll in Medicare and elect the Alliance for D-SNP enrollment. Members can either elect to enroll in the D-SNP or choose to remain in Original Medicare.

**Q: Why should a dual eligible beneficiary join a D-SNP?**

**A:** A dual eligible beneficiary should join a D-SNP because the plan provides a more integrated and coordinated delivery of health care services. Services such as care coordination, information sharing, integrated materials, supplemental benefits, quality & data reporting, consumer participation in governance boards, continuity of care, encounter data reporting, and integrated appeals & grievances working together to offer a higher quality of medical services.

**Q: Are D-SNP enrollees subject to co-pay, coinsurance, or deductible charges?**

**A:** No. The Alliance will file a zero-dollar plan with CMS. Medi-Cal wraps around Medicare by covering Medicare premiums and cost-sharing and by covering some services not available through Medicare, such as some Durable Medical Equipment (DME) and Community Supports (CS).

**Q: Will members be able to self-refer to specialists?**

**A:** The D-SNP Plan is an (HMO) Health Maintenance Organization; therefore, the Primary Care Physician (PCP) will assist in making referrals to specialists. The Alliance will coordinate care for D-SNP members, including referrals to specialists in the Alliance network.

**Q: Will the Alliance D-SNP product include mental health services?**

**A:** Yes, the Alliance is preparing to offer benefits that will include mental health services such as psychiatry and clinical social work.

**Q: How will providers benefit from joining the Alliance network for this new plan?**

**A:** Advantages to providers may include, but are not limited to:

- A single contact point for two (2) coverage programs to reduce the administrative burden on providers and members
- Simplified billing – no need to bill Medicare and Medi-Cal separately
- A faster turnaround time on provider reimbursements
- Assistance with member care coordination to eliminate barriers to care (e.g., transportation to appointments, interpreter services at no cost, health education classes, and information available in several languages)
- High-risk care management in partnership with providers to help with highly complex patients
- A specialized Member Services unit specifically created to support dual eligible members
- A local pharmacy network that provides on-site medication therapy management (MTM) for members with complicated medication regimens
- A local presence and the ability to speak with a live person to resolve issues
- A dedicated Provider Services Representative assigned to your practice
- An online Provider Portal to verify member eligibility and check the status of claims

**Q: Will currently contracted Medi-Cal providers be required to enroll through Medicare?**

**A:** No. Some providers who don't accept Medicare as full payment still choose to accept the Medicare-approved amount for services on a case-by-case basis.

**Q: Will the Alliance D-SNP network include Accountable Care Organizations (ACOs)?**

**A:** Yes, if the ACO is contracted with the Alliance.

**Q: Will you be offering Value-Based Payment Models?**

**A:** Yes. The Alliance is exploring "Pay for Reporting" and "Shared Savings/Shared Risk" models. Please contact your Contracting Specialist for more information.

**Q: Why does the Alliance want to offer this new plan?**

**A:** The Alliance currently serves more than 41,800 dual-eligible members enrolled in its Medi-Cal program.

The addition of the MA D-SNP will allow the Alliance to:

- Seamlessly integrate the delivery of both Medicare and Medi-Cal benefits, which will better serve members and providers
- Advance the Alliance mission by expanding high quality care and services for Alameda County residents with limited resources

**Q: What happens if a member loses Medi-Cal coverage?**

**A:** If you no longer qualify for Medi-Cal. Our plan is for people who qualify for both Medicare and Medi-Cal. Note: if you no longer qualify for Medi-Cal, you can temporarily continue in our plan with Medicare benefits. Please see the information below on the deeming period. The California Department of Health Care Services (DHCS) or the Centers for Medicare and Medicaid Services (CMS) may disenroll you from Medi-Cal if it is determined that you are no longer eligible for the program.

**Q: What services are covered and not covered while the member is currently in the deeming period?**

**A:** If you're within our plan's 3-month period of deemed continued eligibility, we'll continue to provide all Medicare Advantage and Part D plan-covered Medicare benefits. However, during this period, we won't continue to cover Medicaid benefits that are included under the applicable Medicaid State Plan, nor will we pay the Medicare premiums or cost-sharing for which the state would otherwise be liable had you not lost your Medicaid eligibility. The amount you pay for Medicare-covered services may increase during this period.

**Q: What happens if the member does not regain Medi-Cal coverage after the deeming period?**

**A:** If at the end of the three (3)-month period of deemed continued eligibility, you are still not eligible for Medi-Cal, you will be disenrolled from our plan.

