



AEP Readiness: 2025 SEP Changes

Presenter:
Date:



Updated 9/5/25

2025 Final Rule Summary

CMS goal: *Increase the percentage of dual eligible managed care enrollees who receive Medicare and Medicaid benefits from the same organization*

To achieve this long-term goal, the rule:

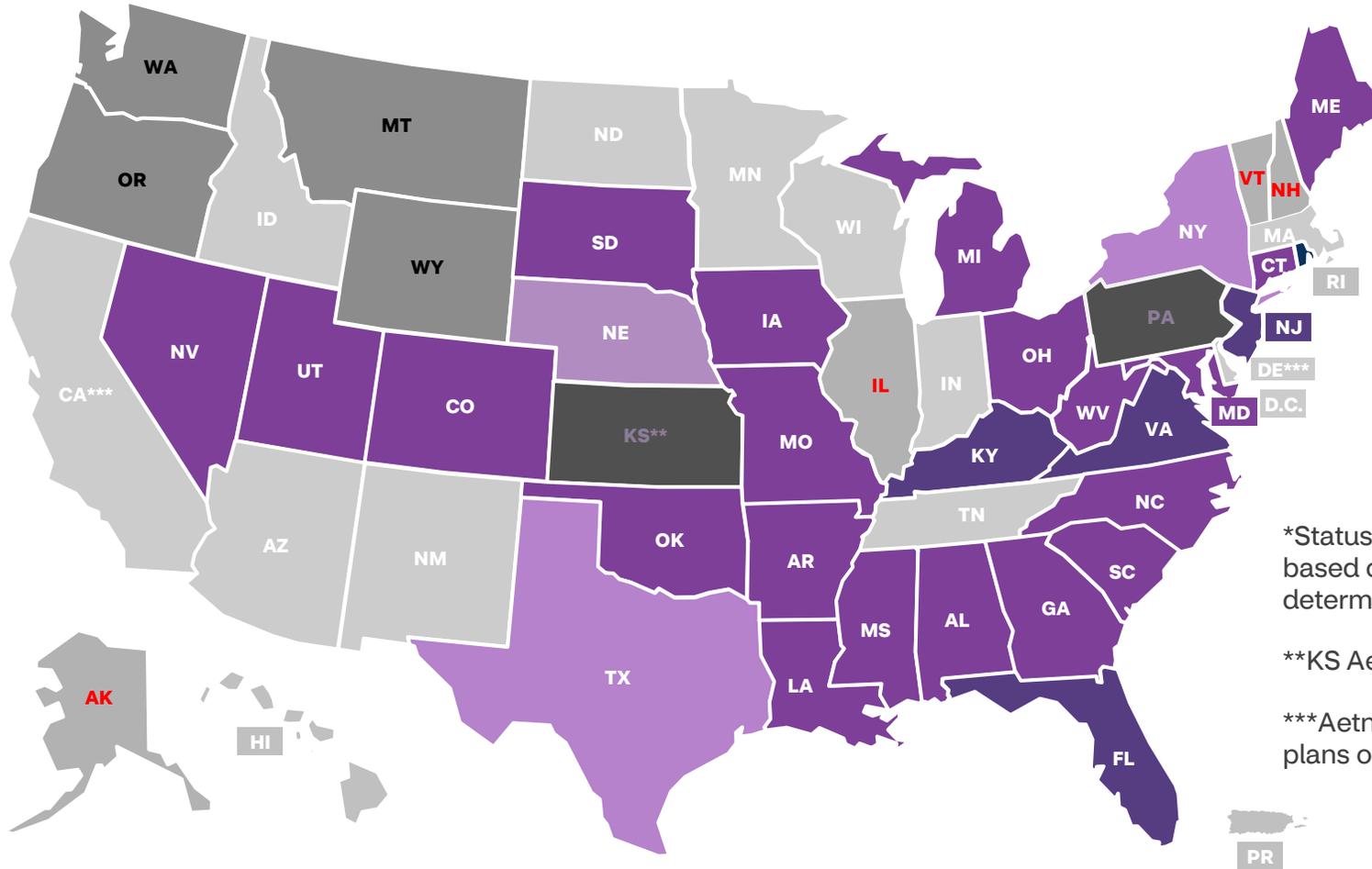
- A** Replaces the quarterly special enrollment period (SEP) for dual eligibles, and Part D low-income subsidy (LIS) individuals, to a **once-per-month SEP to enroll in a standalone prescription drug plan**
- B** Creates a **monthly integrated care SEP** allowing dual eligibles to elect an integrated D-SNP when the individual also receives Medicaid services through an affiliated managed care plan
- C** Limits enrollment in certain D-SNPs to those individuals who are also enrolled in an affiliated Medicaid managed care organization (MCO)
- D** Limits the number of D-SNP plan benefit packages an MA organization, its parent organization, or entity that shares a parent organization with the MA organization, can offer in the same service area as an affiliated Medicaid MCO

SEPs: 2024 vs. 2025

-  In **2024**, beneficiaries with LIS or who qualify for any level of D-SNP have a quarterly SEP between January 1st and September 30th to switch to any Medicare Advantage plan for which they're eligible.
-  In **2025**, D-SNP beneficiaries with full dual eligibility (QMB+, SLMB+ and FBDE only) have a monthly SEP to switch to a FIDE or HIDE plan provided they are also enrolled in or will be enrolled in the same Medicare and Medicaid MCO as of their D-SNP effective date.
-  In **2025**, any beneficiary who qualifies for LIS has an SEP to leave their Medicare Advantage plan and return to FFS and enroll in a PDP; they then have a monthly PDP SEP.
-  In **2025**, all D-SNP beneficiaries also have an SEP to leave their Medicare Advantage plan and return to FFS and enroll in a PDP; they then have a monthly PDP SEP.

2025 National Integrated D-SNP Overview*

Aetna HIDE or FIDE
Non-integrated state with Aetna D-SNP
No D-SNP in state
Aetna coordinated D-SNP only – competitors have HIDE/FIDE
Integrated state, no Aetna D-SNP plan
Coordinated D-SNP only; no Aetna D-SNP plan
TBD as of 9/5/2024



*Status as of 9/5/24. Subject to change based on individual state contract determinations.

**KS Aetna TBD as of 9/5/2024

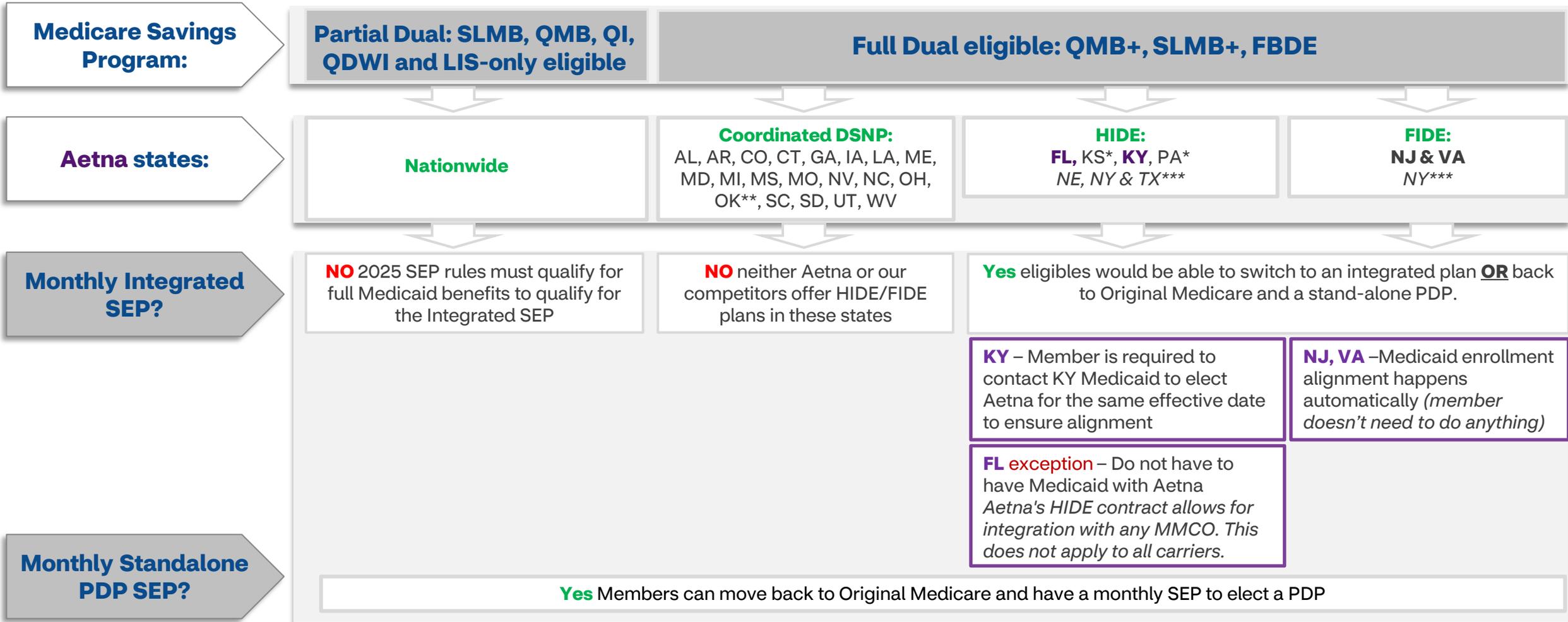
***Aetna coordinated D-SNP for renewal plans only in 2025. No new sales (CA & DE).

2025 SEP options

*Unknown as of September 2024: KS & PA

**Aetna expansion state for 2025.

***Competitors offer HIDE/FIDE plans – Aetna offers coordinated D-SNP only



For producer use only. Distribution to consumers, other insurers, or any other person or company is strictly prohibited and may be grounds for termination of your agreement with Aetna. Plan designs and service areas described in this document are pending government approval and are subject to change.

Appendix

What do Medicare Savings Programs help pay for?



Medicare Savings Program (MSP)

QMB

Qualified Medicare Beneficiary

QMB Program helps pay for:

- Part A premiums
- Part B premiums
- Deductibles, coinsurance and copays

SLMB

Specified Low-Income Medicare Beneficiary

SLMB Program helps pay for:

- Part B premiums

QI

Qualifying Individual

QI Program helps pay for:

- Part B premiums

QDWI

Qualified Disabled & Working Individual

QDWI Program helps pay for:

- Part A premiums



The 'plus' means 'plus Medicaid' benefits. Members assigned a 'plus' by their state have full Medicaid benefits provided to them.

Medicaid may cover some of the Medicaid cost-sharing for medical services, depending on the state's Medicaid program. The beneficiary is eligible for full Medicaid.

Full Benefit Dual Eligible (FBDE)

There are also individuals who are dual eligible who don't fall into an MSP category. These members we call Full Benefit Dual Eligible. The individual states may assign a member to the FBDE category to allow them to receive full Medicaid benefits for which they would otherwise not qualify.

To discuss MSPs with your clients, refer to the **Aetna Medicare D-SNP sales presentation.**

Glossary

During a Special Election Period (SEP) beneficiaries can change their election in accordance with CMS requirements during certain times of the year, outside the AEP.

Highly Integrated (HIDE) - provide coverage of Medicaid benefits (through the D-SNP or an affiliated Medicaid managed care plan), including coverage of LTSS, behavioral health benefits, or both, under a capitated contract with the state Medicaid agency. The capitated contract with the state Medicaid agency may be executed directly with the D-SNP, with the D-SNP's parent organization, or with another entity that is owned and controlled by the D-SNP's parent organization. As of 2025, the HIDE capitated contract for Medicaid must cover the entire service area of the D-SNP.

Fully Integrated (FIDE) - provide coverage of Medicare and Medicaid benefits under a single legal entity that holds both: (1) an MA contract; and (2) a contract with the state Medicaid agency. FIDE SNPs must cover at least Medicaid primary and acute care services and long-term services and supports (LTSS), including at least 180 days of nursing facility coverage during the plan year. FIDE SNPs are required to coordinate Medicare and Medicaid benefits per CMS and state policies and procedures.

Levels of D-SNP eligibility:

- **Full dual** members have a Medicare Savings Program (MSP) category of Qualified Medicare Beneficiary Plus (QMB+) or Specified Low Income Beneficiary Plus (SLMB+) or they are designated as Full Benefit Dual Eligible (FBDE). These categories are for individuals who have the greatest economic need and/or meet other qualifications related to their health, such as a disability. States determine who is eligible for each category. These are the only members who have access a monthly DSNP SEP in 2025 if there is a HIDE or FIDE plan in their service area.
- **Partial dual** members have a MSP category of Qualified Medicare Beneficiary (QMB), Specified Low Income Beneficiary (SLMB), Qualified Individual (QI) or Qualified Disabled Working Individual (QDWI). Some HIDE plans may allow these beneficiaries to enroll during AEP or OEP, but they are NOT eligible for the monthly DSNP SEP.

Coordination Only (CO) D-SNPs - CO D-SNPs are D-SNPs that meet minimum CMS requirements but do not qualify as a HIDE SNP or FIDE SNP. CO D-SNPs must: (1) hold a contract with the state Medicaid agency in each state of operation that meets the requirements described at 42 CFR 422.107; (2) coordinate the delivery of Medicare and Medicaid services for its enrollees; and (3) meet the information-sharing requirements described at 42 CFR 422.107(d).

Exclusively Aligned Enrollment (EAE)- Exclusively aligned enrollment occurs when state policy limits enrollment in a D-SNP to only full-benefit dually eligible individuals who receive coverage of Medicaid benefits through the D-SNP or a Medicaid managed care plan owned and operated by the same parent company as the D-SNP (referred to in this tip sheet as an "affiliated" Medicaid managed care plan). Exclusively aligned enrollment facilitates use of several strategies to integrate coverage of Medicare and Medicaid benefits, such as fully integrated enrollee materials, single ID cards, and unified appeal and grievance processes. These strategies are only feasible when D-SNPs operate with exclusively aligned enrollment.