

Medicare Advantage Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs)

November 2025



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Healthcare and Family Services



OUR VISION FOR THE FUTURE

We improve lives.

- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responsive service to our colleagues and customers.
- ▶ We make equity the foundation of everything we do.

This is possible because:

- ▶ **We value our staff as our greatest asset.**

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

- ▶ **We are always improving.**

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

- ▶ **We inspire public confidence.**

We do this by:

Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.



What We Will Cover Today

- What is a FIDE SNP
- Comparing MMAI, FIDE SNP, and Medicare Advantage Plan Benefits
- Eligibility
- Enrollment
- Provider Networks
- Deeming Period
- Other Key Information



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WHAT IS A FIDE SNP



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Background

- The Illinois Medicare-Medicaid Alignment Initiative (MMAI) program will end December 31, 2025.
- Beginning January 1, 2026, the Illinois Department of Healthcare and Family Services (HFS) will offer Medicare Advantage dual eligible special needs plans (D-SNPs).
- HFS is offering D-SNPs because the Centers for Medicare & Medicaid Services (CMS) is requiring states with a MMAI program to convert to the D-SNP model.



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What is a D-SNP

- There are different types of D-SNPs.
- The D-SNP model available in Illinois is called the fully integrated dual eligible special needs plan (FIDE SNP).
- FIDE SNPs will be the only type of D-SNP model available in Illinois because they are the most similar to MMAI plans in that they provide the same level of care coordination and integration of Medicare and Medicaid benefits included in the MMAI plans.



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What is a FIDE SNP

- A FIDE SNP is a fully integrated dual eligible special needs plan, which is a type of Medicare Advantage plan that provides both Medicare and Medicaid benefits through a single managed care plan.
- Illinois FIDE SNPs are designed for Illinoisans who receive both full Medicaid and Medicare benefits (dually eligible members).
- Medicare is the primary payer for most health care services for dually eligible members, including primary care, specialty care, acute and post-acute care services, home health, and medical equipment.
- Medicaid wraps around Medicare by helping with Medicare premiums and cost sharing, and by covering some services that Medicare does not cover, such as long-term services and supports (LTSS).



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What is a FIDE SNP

- FIDE SNPs simplify the delivery of Medicare and Medicaid benefits and coordinate member care with the member as the focus.
- Illinois FIDE SNPs must have an approved contract with CMS to cover Medicare benefits and a contract with HFS to cover Medicaid benefits.
- FIDE SNPs are the only type of Medicare Advantage plan subject to regulatory oversight by the state.
- FIDE SNPs will be available in every county in the State of Illinois.



Which Managed Care Plans are FIDE SNPs?

- Aetna Medicare FIDE (HMO D-SNP)
- Humana Dual Fully Integrated (HMO D-SNP)
- Molina Medicare Complete Care Plus (HMO D-SNP)
- Wellcare Meridian Dual Align (HMO D-SNP)



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Comparing MMAI, FIDE SNP, and Medicare Advantage Plan Benefits



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Program Element	MMAI Plan	FIDE SNP	Medicare Advantage Plans that are not FIDE SNPs
Cover all Medicare and Medicaid benefits , including primary and acute care services, behavioral health services, and long-term services and supports	Yes	Yes	No – only Medicare benefits are covered
Offer supplemental benefits	Yes	Yes	Yes
Tailor benefits , including supplemental benefits, specifically for the needs of dually eligible individuals	Yes	Yes	No



Program Element	MMAI Plan	FIDE SNP	Medicare Advantage Plans that are not FIDE SNPs
Offer \$0 Prescription Co-Pays	Yes	<ul style="list-style-type: none"> • \$0 for waiver and nursing home members • Very small copayments for members who do not receive waiver and nursing home services • Members qualify for the Extra Help program which limits copays, see Help with drug costs Medicare • In CY 2026, Extra Help co-pays for generic drugs are up to \$5.10 and co-pays for brand-name drugs are up to \$12.65 (and \$0 for people receiving waiver or nursing home services) • Once your total drug costs (including co-pays) reach \$2,100, you'll pay \$0 for each covered drug 	Same as FIDE SNP




Program Element	MMAI Plan	FIDE SNP	Medicare Advantage Plans that are not FIDE SNPs
One care coordinator for both Medicare and Medicaid benefits. Care coordinator[s] help members: <ul style="list-style-type: none"> • Manage their health care • Arrange help at home, behavioral health, nursing care, depending on the needs • Get extra services, like food services 	Yes	Yes	No



Program Element	MMAI Plan	FIDE SNP	Medicare Advantage Plans that are not FIDE SNPs
Must have enrollee advisory committees to gather feedback from their members about how to improve access to services, care coordination, and health equity	Yes	Yes	No
One health risk assessment with members to understand members' physical, behavioral, and social needs and risk factors for both Medicare and Medicaid	Yes	Yes	No





Program Element	MMAI Plan	FIDE SNP	Medicare Advantage Plans that are not FIDE SNPs
Model of care to describe how the plan will meet the needs of dually eligible individuals	No	Yes	No
Continuity of care period of no less than 90 days during which the plan will cover the current services the member receives	Yes	Yes	Yes



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Program Element	MMAI Plan	FIDE SNP	Medicare Advantage Plans that are not FIDE SNPs
Unified appeal & grievance process that enable plan members to file a single appeal or complaint with the plan, regardless of whether a service is covered by Medicare, Medicaid or both	Yes	Yes	No



Program Element	MMAI Plan	FIDE SNP	Medicare Advantage Plans that are not FIDE SNPs
Continuation of existing benefits during appeals (if a plan is going to terminate or reduce a benefit that was previously approved, it must continue providing that benefit during the appeal process if the member requests an appeal and continuation of the benefit)	Yes	Yes	Yes, in certain circumstances




Program Element	MMAI Plan	FIDE SNP	Medicare Advantage Plans that are not FIDE SNPs
Provide members with a single member ID card for both Medicare and Medicaid benefits	Yes	Yes	No
Provide information about the covered benefits — including the benefits typically covered by Medicare and the benefits typically covered by Medicaid—in a single set of materials that are easier to understand than separate materials for Medicare and Medicaid benefits.	Yes	Yes	No





Program Element	MMAI Plan	FIDE SNP	Medicare Advantage Plans that are not FIDE SNPs
Choice of network of providers	Yes	Yes, call the FIDE SNP to see if a provider is in the plan's network or visit their website to look through their provider directory	Yes, call the plan to see if a provider is in the plan's network or visit their website to look through their provider directory





Program Element	MMAI Plan	FIDE SNP	Medicare Advantage Plans that are not FIDE SNPs
Cover experimental services	No	No	No
Cover services provided by an out of network provider	Generally no; only in limited circumstances	Generally no; only in limited circumstances	Generally no; only in limited circumstances
Cover services provided without required referral and prior authorization	No	No	No
Cover cosmetic services	No	No	No



ELIGIBILITY



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Who Is Eligible for a FIDE SNP*

- To be eligible for a FIDE SNP, a member must be:
 - Receiving full Illinois Medicaid benefits and enrolled in either the Medicaid Aid to the Aged, Blind, and Disabled (AABD) or the FamilyCare category of assistance;
 - Age 21 and older at the time of enrollment;
 - Have Medicare Part A (Hospital Insurance) and Part B (Medical Insurance);
 - Live in the service area; and
 - A United States Citizens or lawfully present in the United States.



Who is Not Eligible for a FIDE SNP

- Members are not eligible to enroll in FIDE SNPs if they are:
 - Under the age of 21;
 - Receiving developmental disability institutional services or participating in the HCBS waiver for Adults with Developmental Disabilities;
 - In the Medicaid Spend-down population;
 - In the Illinois Medicaid Breast and Cervical Cancer program;
 - Enrolled in partial-benefit Medicaid programs; or
 - Receiving Comprehensive Third-Party Insurance.

*Note: Same as MMAI

ENROLLMENT



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Redetermination*

- Transition to a FIDE SNP does not trigger a Medicaid redetermination.
- However, currently, Illinois Medicaid members are required to renew their coverage once a year to keep their health care benefits.
- **Members must be on the lookout for their redetermination form in the mail.**
- The redetermination process is a way for members to update their information and see if they still qualify for Medicaid.
- The process to renew coverage is simple, but if you have questions, call ABE Customer Service at (800) 843-6154 for assistance.
- You cannot qualify for a FIDE SNP unless you also qualify for Medicaid except as described in the deeming period.



MMAI Members FIDE SNP Enrollment

- For the remainder of 2025 (until December 31, 2025), all current MMAI members will remain in their MMAI plans unless they take action to disenroll themselves from the MMAI plans.
- Members of an MMAI plan offered by Aetna, Humana, Wellcare Meridian, and Molina
 - CMS will automatically enroll these members in the Illinois FIDE SNP offered by these companies with a start date of January 1, 2026.
 - These members do not need to take any action. They received an **Annual Notice of Change** from the FIDE SNP (around September 30, 2025) informing them of this transition and their options to select other forms of coverage.
 - These members can enroll in other forms of Medicare coverage, including other FIDE SNPs, beginning October 15, 2025.



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MMAI Members FIDE SNP Enrollment

- **Blue Cross Blue Shield will not be offering a FIDE SNP for 2026.**
- **Members of the Blue Cross Blue Shield MMAI Plan**
 - These members can choose to enroll in one of the Illinois FIDE SNPs or other forms of Medicare coverage beginning October 15, 2025.
 - Notice of Non Renewal: BCBS mailed letters on October 2, 2025 notifying their members of the MMAI transition and their options to select other forms of Medicare coverage.
 - If these members do not make an active Medicare enrollment choice prior to December 31, 2025:
 - **Medicare Benefits:** CMS will automatically enroll them in Original Medicare with a Medicare drug plan starting January 1, 2026. Medicare is the primary payer of all Medicare covered benefits. Members must have Medicare coverage. Members cannot opt out of Medicare coverage.
 - **Medicaid Benefits:** LTSS members will be automatically enrolled in the BCBS HealthChoice IL MLTSS plan. Non-LTSS members will receive services in the HFS FFS program. See Slide 36 for more information on Medicaid benefits.



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Members not in MMAI

- **Members Not Enrolled in a MMAI Plan who are Eligible for FIDE SNP** can enroll in any Illinois FIDE SNP or other form of Medicare coverage beginning October 15, 2025.
- Until January 1 ,2026, the way a member receives their medical coverage will remain the same.
- Currently, newly eligible members who want to enroll in a FIDE SNP will have to enroll themselves in a FIDE SNP. HFS expects to implement default enrollment sometime in 2026.
- Passive enrollment for MMAI plans stopped April 2025.
- Choice enrollment into MMAI plans ended September 18, 2025.





Follow These Steps to Enroll

- Visit [Medicare.gov](https://www.Medicare.gov), select the “Find Plans Now” button, and follow the steps to view Medicare Advantage (Part C) plans available in your zip code. Make sure to select “Medicaid” when asked if you get help with your Medicare health or drug costs.
- Call the plan or visit their website.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



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FIDE SNP Enrollment

- Enrollment is voluntary, members who are auto-enrolled or who choose to enroll can disenroll at any time.
- FIDE SNPs are allowed to market their plan.
- Brokers can enroll and obtain compensation for enrollment.
- The FIDE SNP enrolls or disenrolls members (not HFS).



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Key Medicare Enrollment Events and Dates

- **Open Enrollment Period (Medicare Open Enrollment is a chance to review your current Medicare plans and compare all the 2025 health and prescription drug options).**
 - October 15 – December 7 of each year
 - Join, drop, or switch to another Medicare Advantage Plan with or without drug coverage (or add or drop drug coverage)
 - Switch from Original Medicare to a Medicare Advantage Plan **or** from a Medicare Advantage Plan to Original Medicare
 - Join, drop, or switch to another Medicare drug plan if a member is in Original Medicare.
 - Coverage starts January 1 of the next year (your enrollment request must be received by December 7)
 - See Slide 34 for more information on mandatory Medicare coverage for FIDE SNP opt outs.





Key Medicare Enrollment Events and Dates

- **Special Enrollment Periods for Dually Eligible Individuals Throughout the Calendar Year**
 - **Integrated Care SEP:**
 - Once-per-Month
 - In Illinois, members eligible for a FIDE SNP **can enroll once-per-month** in a FIDE SNP using the Integrated Care SEP.
 - For Calendar Year 2025, coverage will begin January 1, 2026 because January 1, 2026 is the first date that FIDE SNP coverage begins in Illinois.
 - Beginning January 1, 2026, coverage will start the first of the month after the plan gets your request.
 - **Dual/LIS SEP :**
 - Once-per-Month
 - Any dually eligible member in a Medicare Advantage Plan, including a FIDE SNP, can choose to go back to Original Medicare and a standalone prescription drug plan (PDP) and switch between standalone PDPs using the dual/LIS SEP.
 - Coverage will start the first of the month after the plan gets your disenrollment request.
 - The Integrated Care SEP and the Dual/LIS SEP won't allow enrollment into non-D-SNP Medicare Advantage Plans or switching between the non-D-SNP Medicare Advantage plans.



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Key Medicare Enrollment Events and Dates

- **Medicare.Gov**
 - Not all Medicare enrollment periods are listed in this presentation.
 - See <https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan> for more information about the various Medicare enrollment periods.
 - Members can call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.





Dual Members Who Do Not Choose a FIDE SNP– Medicare Coverage Options*

- Return to Original Medicare with a Medicare Drug Plan; or
- Select a different Medicare Advantage plan (FIDE SNPs are Medicare Advantage Plans):
 - Most Medicare Advantage plans cover prescription drugs.
 - If members choose a Medicare Advantage plan without prescription drug coverage, members should also select a Medicare Drug Plan for prescription drug coverage.
 - If members do not choose to enroll in a plan with prescription drug coverage, CMS will assign members to a Medicare Drug Plan.

*Note: Same as MMAI

Dual Members Who Do Not Choose a FIDE SNP – Medicaid Coverage*

Member	Medicaid Managed Care	Medicaid Fee For Service (FFS) Program
Members Receiving LTSS Services	<ul style="list-style-type: none"> • Members must be enrolled in a HealthChoice IL Managed Long-Term Services and Support (MLTSS) plan for LTSS services. • Members will be auto enrolled in the MLTSS plan of the affiliated FIDE SNP and have (i) one change period prior to the effective date of enrollment to switch to another MLTSS plan and (ii) a change period of 90 days after the effective date of enrollment to choose another MLTSS plan. Currently, to switch plans, members must call the HFS Client Enrollment Broker at 1-877-912-8880. • The MLTSS health plan is only responsible for nursing facility services, HCBS waiver services, behavioral health, transportation and other services not covered by Medicare • Humana FIDE SNP members who disenroll will be auto-enrolled in a MLTSS plan. • Members must use their HealthChoice IL Managed Care Plan ID card to access LTSS services. 	<ul style="list-style-type: none"> • Members will receive non-LTSS services in the Medicaid FFS Program (e.g., non-Medicare prescription drugs, non-Medicare home health, non-Medicare DME). • Members must use their HFS Medical card to access Medicaid services.
Members NOT Receiving LTSS Services	N/A – Members do not receive Medicaid services from a managed care plan.	<ul style="list-style-type: none"> • Members will receive Medicaid services in the Medicaid FFS program. • Members must use their HFS Medical card to access Medicaid services.

*Note: Same as MMAI

PROVIDER NETWORKS



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Provider Networks*

- FIDE SNPs have a provider network that members must use.
- The provider network must meet CMS provider network adequacy standards for Medicare services.
- The provider network must meet HFS provider network adequacy requirements for Medicaid services.
- Call the FIDE SNP or visit their website to find out which providers are in-network with each plan.
- HFS issued a provider notice informing providers of the MMAI transition to FIDE SNP, see Provider Notice issued October 2, 2025, [prn251002a](#). A second provider notice will be issued sometime in November/December 2025.
- Providers who want to be in-network with a FIDE SNP must have a contract with the FIDE SNP.

DEEMING PERIOD



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Deeming Period

- A *deeming period* allows a member to stay in their FIDE SNP for a certain amount of time if they lose their Medicaid benefits.
 - Minimum 90 days and maximum 6 months (varies per FIDE SNP, see FIDE SNP member handbook. For CY 2026, Molina has a 90-day deeming period and the remaining plans have a 6-month deeming period.)
 - If a member loses their Medicaid benefits, they can remain in their FIDE SNP during the deeming period.
 - FIDE SNP only provides Medicare benefits to a member during the deeming period.
 - If a member is not reinstated within the deeming period, their FIDE SNP coverage will end and they will have to enroll for Medicare benefits through Original Medicare or to a Medicare Advantage Plan with or without drug coverage.
 - If a member's Medicaid benefits is reinstated during the deeming period, Medicaid coverage in the FIDE SNP will be effective the first day of the month following reinstatement.



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OTHER KEY INFORMATION



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Resources

- Medicare.gov Special Needs Plans: [Special Needs Plans \(SNP\) | Medicare](#).
- Centers for Medicare & Medicaid Services: [Dual Eligible Special Needs Plans \(D-SNPs\) Background Information](#)
- [Medicare & You Handbook](#)
- HFS Website:
 - Detailed Information on FIDE SNPs: [FULLY INTEGRATED DUAL ELIGIBLE SPECIAL NEEDS PLANS IN ILLINOIS](#)
 - FIDE SNP Benefits Information: [Comparing MMAI, FIDE SNP, & Medicare Advantage Plans](#)
 - FIDE SNP Enrollment Information: [How To Enroll in a FIDE SNP](#)
 - Ending of MMAI: [Medicare-Medicaid Alignment Initiative | HFS](#)



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Questions?

- HFS.DSNPIquiries@Illinois.gov



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