Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Re: CMS-4212-P, Contract Year 2027 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program Proposed Rule

Dear Administrator Oz,

On behalf of the Dual Eligible Coalition, we appreciate the opportunity to provide comments on the (CY) 2027 Policy and Technical Changes to the Medicare Advantage (MA) Program, Medicare Prescription Drug Benefit Program, and Medicare Cost Plan Program proposed rule.

The Dual Eligible Coalition is a group of stakeholders, including beneficiary advocates, managed care plans, provider systems, and behavioral health and social support service organizations, informed by state advisors. The Coalition's mission is to develop actionable, long-term policy and programmatic solutions to improve the delivery of care and outcomes for the dual eligible population. In conducting its work, the Coalition seeks to promote a set of principles around integration and whole-person care, including the following:

- Supporting Beneficiaries to Live as Fully as Possible;
- Ensuring Comprehensive Integration;
- Promoting State-Federal Partnership;
- Ensuring Robust Reporting, Accountability, and Continuous Quality Improvement;
- Aligning Incentives for Value-Based Care; and
- Promoting Consumer Engagement.

Request for Information on Dually Eligible Individual Enrollment Growth in C-SNPs and I-SNPs

The Coalition appreciates CMS' request for more information about the increasing number of dually eligible individuals enrolling in Chronic Condition Special Needs Plans (C-SNPs).

An analysis of CMS data shows that the prevalence of C-SNPs has increased rapidly over a short period of time, with a 22.7 percent increase in the number of C-SNPs offered on the Medicare Advantage market between 2024 and 2025.[i] C-SNPs have also seen increased enrollment, with a 69.9 percent increase between 2024 and 2025 in the number of Medicare beneficiaries

enrolled in C-SNPs. As CMS observed, this increase in enrollment includes dual eligible beneficiaries, with a 54.4 percent increase in full-benefit dual eligible beneficiaries and 68.1 percent increase of partial dual eligible beneficiaries enrolling in C-SNPs between 2024 and 2025. Notably, C-SNPs are also drawing dual eligible individuals away from more integrated forms of coverage, with 27.5 percent of full benefit dual eligible beneficiaries enrolled in C-SNPs in 2025 having previously been enrolled in a plan that offered some form of integration in 2024.

The Dual Eligible Coalition is concerned with the increased enrollment of dual eligible beneficiaries in C-SNPs, as C-SNPs are not subject to the same requirements for care coordination and integration that CMS requires for other types of plans serving dual eligible individuals.

SMAC Requirements

For example, Dual-Eligible Special Needs Plans (D-SNPs) are required to sign a State Medicaid Agency Contract (SMAC) to operate in each state, while C-SNPs are not subject to this requirement, even when enrolling dual eligible individuals.

Through authorities in their SMACs, states may require D-SNPs to meet certain standards, including reporting requirements, coverage and arrangement of Medicaid benefits, cost sharing protections, and eligibility, which support their oversight of D-SNPs operating in their state and how plans are ensuring integrated care for dual eligible beneficiaries. At the most basic level, SMACs make states, which have significant responsibility in care provided to dual eligible individuals in Medicaid, aware of the plan providing Medicare benefits. Without the ability to exert this option for C-SNPs, a plan type that is growing in its dual eligible individual enrollment, states are left without levers to improve beneficiary experience.

C-SNPs are also exempt from requirements related to "look-alike" plans, which are Medicare Advantage plans that predominantly enroll dual eligibles but are not subject to certain regulations for integrated products, including SMAC requirements. Look-alike plans have historically been able to enroll large proportions of dual eligible individuals without meeting the same integration and care coordination requirements of plans specifically intended for dual eligible individuals and therefore subject to increased coordination requirements. However, CMS has made efforts to phase out look-alike plans by discontinuing contracts and gradually lowering the threshold to transition dual eligible beneficiaries into more integrated D-SNPs.[ii]

Look-Alike Thresholds

CMS researchers who assessed growth in C-SNPs found that 15 percent of all 2025 C-SNPs with at least 100 enrollees had a beneficiary population comprised of at least 60 percent dual eligible beneficiaries and would therefore be considered "look-alikes" and terminated this year,.[iii] As CMS has worked to address the limitation of other types of "look-alike plans," C-SNPs have, in some ways, become a new look-alike option, warranting further consideration of appropriate thresholds for dual eligible beneficiary enrollment.

Marketing Practices

Finally, considering the number of C-SNPs that predominantly have dual eligible individuals as beneficiaries and the high incidence of dual eligible individuals foregoing a more integrated plan for C-SNPs, we are concerned that C-SNPs' marketing practices may be targeting dual eligible individuals, potentially using misleading or incomplete information regarding the level of integration or other benefits available in these plans.

Coalition Recommendations

The Dual Eligible Coalition supports the highest possible level of integrated care for dual eligible individuals and is concerned that efforts to integrate care may be undermined by growing enrollment among dually eligible individuals in non-integrated models. We are supportive of efforts to address growing dual eligible enrollment in C-SNPs and to ensure that dual eligible individuals in all SNPs receive care that is comprehensively integrated, with robust reporting and accountability measures.

We appreciate the proposals CMS outlined in the RFI, and are particularly supportive of applying the D-SNP "look-alike" thresholds to C-SNPs. The findings regarding the number of C-SNPs disproportionately enrolling dual eligible individuals indicates that these plans may be functioning in a similar manner to "look-alikes." We recommend CMS develop an appropriate "look-alike" threshold for C-SNP plans, with a phase out plan for C-SNPs that do not meet standards for coordination and integration consistent with D-SNP requirements.

We also support giving states the ability to require a SMAC as a tool for ensuring sufficient coordination of care for dual eligible individuals and providing visibility for states, recognizing that limited state capacity may pose constraints on how states are able to leverage a new SMAC. Due to variations among current state's approaches for utilizing their SMACs, we do not recommend a standard requirement for all C-SNPs to enter into a SMAC at this time. However, we do recommend CMS explore additional ways to support states in their efforts to leverage SMAC authorities to improve care coordination for dual eligible beneficiaries.

Additionally, as an alternative to requiring that C-SNPs enter into SMACs, we recommend that CMS explore requiring C-SNPs that have dual eligible enrollees to share their models of care (MOCs) with states. As with D-SNPs, C-SNPs must have CMS-approved MOCs. Allowing states to access these MOCs would provide staff with additional insight as to how plans deliver care for dual eligible enrollees, without the administrative burden of managing a SMAC.

As CMS noted, Institutional Special Needs Plans (I-SNPs) are similarly currently able to enroll high proportions of dual eligible individuals without meeting certain standards required of D-SNPs, such as having a SMAC. State advisors to the Coalition have raised this as an area of concern in their states. As such, the Coalition recommends that CMS also examine requiring I-SNPs to share their MOCs with states.

Finally, the Coalition recommends that if finalized, any provision to improve oversight or accountability for C-SNPs be paired with meaningful technical support for states in conducting sufficient oversight of C-SNPs, including transparent, accessible information regarding dual eligible individuals enrolled in C-SNPs in their state. Additionally, the Coalition urges CMS to conduct robust oversight of the marketing practices employed by all SNPs, including C-SNPs, to ensure that dual eligible individuals are afforded meaningful choice when selecting a plan, and are not inadvertently enrolled in C-SNPs without understanding the plans' limitations in delivering truly integrated care.

Regarding CMS' request for additional policy suggestions to help ensure appropriate protections for "high-quality, integrated care" for dual eligible enrollees, the Coalition has developed a framework for fully integrating Medicare and Medicaid into a single program addressing medical, long-term care, behavioral, and social needs, and supports efforts to enable states to increase integration, known the All Inclusive Medicare-Medicaid (AIM) Program.

Conclusion

The Dual Eligible Coalition appreciates CMS' continued commitment to improving care for dual eligible individuals and the consideration of opportunities to ensure their care is sufficiently integrated. For additional opportunities to improve care for dual eligible individuals, including the Coalition's vision for integrated care, please see the resources at https://leavittpartners.com/dual-eligible-coalition/.

Should you have any questions or wish to discuss our comment further, please contact Shannon Deere at shannon.deere@leavittpartners.com.

Sincerely,

The Dual Eligible Coalition

[i] "Growth Of C-SNPs May Be Jeopardizing Medicare-Medicaid Integration", Health Affairs Forefront, September 23, 2025.

[ii] *See* CY 2021 Medicare Advantage and Part D Final Rule (CMS-4190-F1) (finalizing contracting limitations); CY 2024 Medicare Advantage and Part D Final Rule (CMS-4201-F) and CY 2025 Medicare Advantage and Part D Final Rule (CMS-4201-F3 and CMS-4205-F) (including changes to lower D-SNP look-alike thresholds).

[iii] *Id.*