

Apple Health Medicare Connect aligned enrollment

Background

Apple Health Medicare Connect is a special kind of Medicare Advantage (MA) plan for dual-eligible individuals allowing care coordination between Medicare and Apple Health (Medicaid) services. A client may choose to have their Medicare managed through a MA Part C plan or continue with Original Medicare.

Clients can choose an Apple Health Medicare Connect coverage MA Dual-Eligible Special Needs Plan (D-SNP) for their physical health (including Part D drug coverage) and a Behavioral Health Services Only (BHSO) plan.

Aligned enrollment

A client can choose the same plan to cover both their physical health care and their behavioral health care needs by selecting the same plan for their Apple Health Medicare Connect and BHSO coverage. This is called aligned enrollment.

Enrolling in Apple Health Medicare Connect does not change what Medicare or Apple Health covers. Aligning coverage through one plan improves care coordination and makes it easier for providers to make referrals and plan clients' treatment.

Additional benefits include:

- Keeping the same BHSO doctors by having access to the same network,
- Maintaining care coordination relationships,
- Access to a single plan to assist with service delivery,
- Better coordination of behavioral and physical health needs,
- Easier coordination of grievances and appeals, and
- Access to supplemental benefits including dental and vision benefits that are not offered by Original Medicare.

Promoting aligned enrollment

The Health Care Authority (HCA) will share the names and demographic information of members transitioning to Medicare who have opted into and are currently enrolled in a managed care plan. Managed care plans can outreach to members in areas where their BHSO and Apple Health Medicare Connect networks for mandatory services are greater than 90% aligned to inform them of their MA D-SNP products.

Client Information to be shared by HCA to managed care plans includes:

- Name
- ProviderOne ID number
- Mailing address
- Residential address
- Medicare Beneficiary Identifier (MBI)
- Medicare start date
- Managed care plan name
- Managed care plan start date

Changes to aligned enrollment in January 2024

Apple Health Medicare Connect plans may participate in default enrollment starting January 1, 2024. This process is outlined by the Code of Federal Regulations (CFR) and in our State Medicaid Agreement. Eligible clients who are currently enrolled with a managed care plan will be notified by their plan at least 60 days in advance and will work with CMS to enroll clients in their D-SNP starting when they are Medicare eligible. The client will have the opportunity to opt-out of Apple Health Medicare Connect in advance and join Original Medicare.

Starting January 1, 2024, all D-SNPs will be required to have alignment of 95% or greater between their Medicare and Medicaid networks. This may include developing a contract with tribal providers consistent with Medicare rules to ensure continuity of care for Tribal Members. HCA continues to work with our Apple Health Medicare Connect D-SNPs to address any deficiencies in their provider networks. D-SNPs are advised to work proactively with providers due to the differences between Medicare and Medicaid.

Client requirements

Enrolling in Apple Health Medicare Connect is optional for Medicare clients. Choosing to join a D-SNP will not impact a client's eligibility for Medicare or Apple Health. Clients are responsible for ensuring their providers accept Medicare Part B and will not have access to various supplemental benefits or care coordination opportunities if they choose to join Original Medicare.

A client can opt-out of their BHSO into a different plan at any time. They can also opt-out of their D-SNP and enroll in a new MA plan or Original Medicare (during Medicare enrollment periods).

Client notifications

Clients may receive calls from their managed care plan prior to becoming Medicare eligible to inform them of their options to opt-into Medicare Advantage. Plans will reach out to clients in writing or by phone to provide information about their options to either opt-into MA or opt-out if they live in areas with default enrollment.

Opting-out of default enrollment

Clients can opt-out of default enrollment until the calendar day prior to their enrollment effective date, also known as their Medicare effective date. Clients also have the option to change their coverage if they miss the opportunity to opt-out. Contact information is contained in the notice sent by their Apple Health Medicare Connect and managed care plans on how to opt-out.

Dual-eligible individuals have access to a Special Enrollment Period (SEP) once per calendar quarter during the first nine months of the year. This SEP can be used to switch to a new MA plan, Original Medicare, or change their Part D. Disenrolling from an Apple Health Medicare Connect D-SNP will unalign client services. D-SNPs are required during the transition from Apple Health to Medicare to coordinate across plans to ensure continuity of care for Apple Health covered services.

Learn more about [Apple Health Medicare Connect default enrollment](#).