

## Apple Health Medicare Connect default enrollment

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Default enrollment is a process that allows Apple Health Medicare Connect Medicare Advantage (MA) Dual-Eligible Special Needs Plans (D-SNP) to move newly eligible beneficiaries into the corresponding D-SNP when the client is transitioning to Medicare from an Apple Health (Medicaid) managed care plan. This means that clients who are becoming Medicare eligible will be contacted by their current managed care plan to enroll them into their D-SNP.

### Client requirements

To be eligible for default enrollment, clients must:

- Have upcoming enrollment in Medicare Part A and Part B.
- Have a Recipient Aid Code (RAC) provided by the state that indicates the client will remain eligible for comprehensive Apple Health coverage after Medicare eligibility.

### Medicare Advantage D-SNP requirements

To be eligible to participate in default enrollment, MA D-SNP plans must:

- Meet all requirements to conduct default enrollment, as required by 42 CFR 422.66, including an overall quality rating of three stars or higher on the most recent Medicare Advantage and Part D Star Rating report,
- Not be prohibited by the Centers for Medicare and Medicaid Services (CMS) from enrolling new clients, and
- Have 95% of providers aligned with Apple Health, contracted to accept Medicare clients, and be part of their Medicare Advantage network.

Clients who are enrolled by default will remain enrolled with the affiliated Apple Health Behavioral Health Services Only plan (BHSO) for their behavioral health services. The client will have aligned behavioral health and physical health with the same parent organization supporting continuity of care between their Apple Health and Medicare benefits.

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 notification

The Health Care Authority (HCA) is providing the MA D-SNP plans with multiple reports to identify Medicare-eligible clients. Information shared includes names, contact information, Medicare Beneficiary ID (MBI), and start date of eligibility for Part A and B Medicare. Apple Health managed care plans will use this to contact their enrollees who are identified as becoming Medicare eligible.

- D-SNPs must send notice to enrollees at least sixty days in advance of their Medicare start date.
  - This allows the client to contact the plan and opt-out of the transition.
  - Contact information should be included on the notice of how to opt-out prior to the date they become eligible.

## Opting-out

Clients can opt-out of default enrollment up until the calendar day before 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 notices 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 Medicare Advantage Plan, Original Medicare, and 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.