

Apple Health Medicare Connect - Who pays first?

Apple Health Medicare Connect is the name for Dual Eligible Special Needs Plans (D-SNP) in Washington state. This name helps clarify that Apple Health Medicare Connect is only available to people who have both Apple Health (Medicaid) and Medicare. These individuals are called dually eligible clients.

What does it mean if a client is dually eligible?

A dually eligible individual, also known as dual eligible, has both Medicare coverage and Apple Health (Medicaid) coverage.

- **Full-benefit dually eligible** individuals are Medicare clients who qualify for all Apple Health benefits.
- **Partial-benefit dually eligible** individuals are Medicare clients who are also enrolled in a Medicare Savings Program (MSP) through Apple Health.

How coverage works for dually eligible clients

- Medicare is primary coverage for health care services covered by Medicare.
- Private insurance is also primary coverage and is billed before any other coverage. If a client is enrolled in Original Medicare, it is also considered primary coverage.
 - *Examples of private insurance: Employer coverage, COBRA, Medigap supplemental insurance for Original Medicare only.*
- Apple Health (Medicaid) acts as a secondary insurance coverage and is billed after all other coverage except for Tribal coverage.
- Dually eligible clients may also receive behavioral health care through an Apple Health Behavioral Health Services Only (BHSO) plan, which includes mental health and substance use disorder treatment services.

What is the difference between primary and secondary insurance?

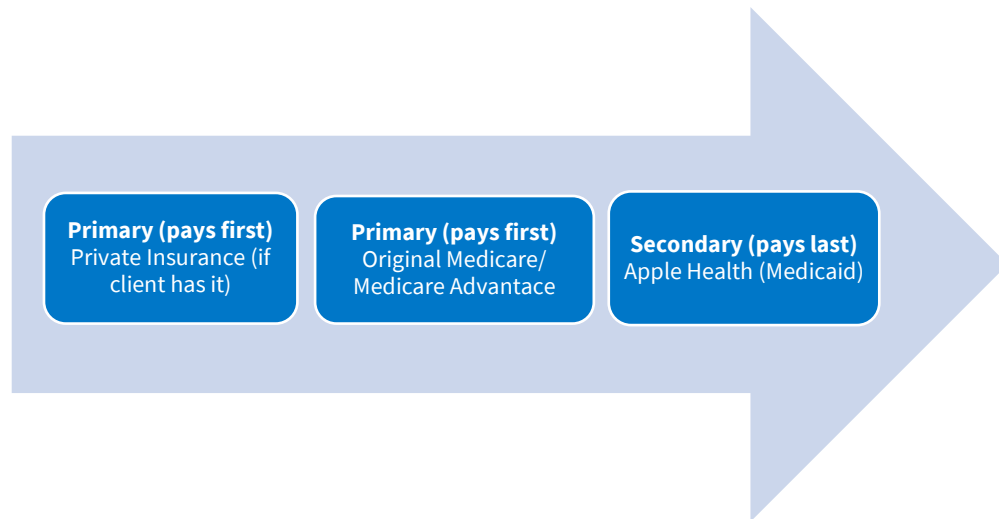
- Primary insurance pays first for medical care before secondary insurance coverage can be billed.
- Secondary insurance pays after the primary insurance has paid or denied the claim.
 - Secondary insurance may pay some or all the cost for a client's health benefits.
 - If Original Medicare or Medicare advantage is primary, secondary insurance may pay for some or all of the required patient responsibility including co-insurance and deductibles.
- Apple Health (Medicaid) is usually the payor of last resort so Medicare must be billed as the primary insurance and respond to the claim before Apple Health (Medicaid) can be billed. Information about Medicare's payment or denial must be provided to Apple Health (Medicaid) to resolve the claim.

Are there any exceptions?

- Some clients participate in Primary Care Case Management. This provides the opportunity for Indian Health Care Providers (IHCP) to be recognized and reimbursed for their active role in managing the care for American Indian/Alaska Native (AI/AN) enrollees in Apple Health without a managed care plan, also known as fee-for-service.
- Medicare does not cover long-term care (LTC) in your home or any other community setting. Apple Health (Medicaid) is the primary payer.

Order of payment

The graphic below shows the order of payment for dually eligible clients. If a client has private insurance, it will be billed first, followed by Original Medicare or their Medicare Advantage plan (also considered primary). Apple Health (Medicaid) is billed after all other insurance plans and is considered secondary.



Note: If a client is covered by Health Programs operated by the Indian Health Services, these programs can only be billed in accordance with federal and state law after all other benefits are utilized. This is consistent with the Affordable Care Act 2901(b).