Verifying Apple Health Medicare Connect enrollment

April 2025

Apple Health Medicare Connect
Provider enrollment verification guide

Introduction

Dual Eligible Special Needs Plans (D-SNP) in Washington now have a new name: Apple Health Medicare Connect. This change 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.

This guide supplies providers and managed care organizations with information about Apple Health Medicare Connect (D-SNP) and how to verify and confirm eligibility.

What does "dually eligible" mean?

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 their primary coverage for health care services.
- Apple Health acts as secondary coverage.
- They also receive behavioral health care through an Apple Health Behavioral Health Services Only (BHSO) plan, which covers mental health and substance use disorder treatment.

Medicare Advantage and D-SNP options

A client may choose to have their Medicare managed through a Medicare Advantage Part C plan. Medicare Advantage Plans, sometimes called Part C or MA Plans, are offered by private companies approved by Medicare.

About Apple Health Medicare Connect (D-SNP)?

Apple Health Medicare Connect (D-SNP) is a type of Medicare Advantage (MA) Part C plan for people who are eligible for both Medicare and Apple Health (Medicaid).

With a D-SNP, Medicare and Apple Health work together to coordinate health care and services. D-SNPs are known as Apple Health Medicare Connect in the state of Washington.

What does a D-SNP cover?

A Dual Eligible Special Needs Plan (D-SNP) manages a client's Medicare benefits, including:

- Medicare Part A – Hospital coverage

- Medicare Part B – Outpatient services

- Medicare Part D – Prescription drug coverage

In addition to these Medicare-covered services, D-SNPs offer supplemental benefits that support beneficiaries with chronic illnesses. These benefits may include:

- Health-Related Social Needs support

- Additional services not covered by Original Medicare or non-D-SNP plans, such as:

    o Dental services

    o Hearing care

    o Vision care

Contracted Medicare Advantage D-SNPs

The following Medicare Advantage plans are contracted D-SNPs in Washington:

- Community Health Plan of Washington
- Humana
- Molina Healthcare of Washington
- UnitedHealthcare Community Plan of Washington
- WellCare of Washington (Coordinated Care)
- Wellpoint of Washington

Dually eligible clients can align their D-SNP with their Behavioral Health Services Only (BHSO) plan. This means a client can choose the same health plan for both their physical and behavioral health care needs.

D-SNP vs. look-alike plans

To be an official D-SNP, a plan must have a State Medicaid Agency Contract (SMAC) signed with the Washington State Health Care Authority (HCA).

Look-alike plans are Medicare Advantage plans designed for dually eligible clients but do not have a signed SMAC. These plans:

- Do not offer the same coordinated, whole-person care as a D-SNP
- Are authorized under 42 CFR 422.514(e)
- Have enrollment limitations

Client eligibility

Clients must have both Medicare and some level of Apple Health (Medicaid) coverage to qualify for Apple Health Medicare Connect.

Medicare

To be eligible for Apple Health Medicare Connect (D-SNP), a client must have:

- **Medicare Part A:** known as hospital insurance and covers inpatient stays at hospitals, skilled nursing facilities, hospice and home health care.
- **Medicare Part B:** known as medical insurance and helps cover outpatient care like services from doctors and other health care providers and necessary medical equipment.

Medicaid

To be considered eligible, a client must be eligible for Apple Health coverage. This includes those determined to be Dually Eligible and those who participate in the Medicare Savings Program.

Medicare Savings Programs

Medicare Savings Programs (MSP) help eligible Medicare recipients by paying premiums for Medicare Part A and Part B and helping with coinsurance and copayments. These programs are also known as Medicare Buy-In Programs or Medicare Premium Payment Programs.

Visit the Medicare Savings Programs webpage and flyer for more information.

Verifying coverage

It is a provider's responsibility to verify a client's Apple Health and Medicare enrollment for the date of service, and to check the limitations of the client's medical program. Verifying eligibility helps avoid claim denials for services that are not covered.

How to verify eligibility

Use ProviderOne to check a client's coverage:

- Search for eligibility information using ProviderOne under the "Client Benefit Level", or

- Submit an electronic individual or batch 270/271 inquiry to ProviderOne.

Managed Care Information

You can view a client's managed care organization (MCO) under "Plan/PCCM Name". Partial-benefit dual eligible clients will not have information shown under this section.

Insurance Type Code	PCCM Code	Plan/PCCM Name	Plan/PCCM ID	Plan/PCCM Phone Number	PCP Clinic Name	Start Date	End Date
HM: Health Maintenance Organization	MC: Capitated	██████	███	██████		2023	12/31/2999
HM: Health Maintenance Organization	MC: Capitated	██████	███	██████		2023	12/31/2999

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Medicare Eligibility Information

This section shows a client's Medicare enrollment under "Insurance Type Code".

⠿ Medicare Eligibility Information ⌃

Service Type Code	Insurance Type Code	Eligibility Start Date	Eligibility End Date
30: Health Benefit Plan Coverage	██████	██ 2023	12/31/2999
30: Health Benefit Plan Coverage	██████	██ 2023	12/31/2999

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Message(s): We believe this information to be correct, but you must verify eligibility and coverage with specified payor

Coordination of Benefits Information

This section shows the type of Medicare plan under "Policy Number".

Service Type Code	Insurance Type Code	Insurance Co. Name & Contact	Carrier Code	Policy Holder Name	Policy Number	Group Number	Plan Sponsor	Start Date	End Date
30: Health Benefit Plan Coverage	C1: Commercial	██████			Med Part C-DSNP			03/01/2023	12/31/2999
30: Health Benefit Plan Coverage	C1: Commercial	██████			Med Part D			03/01/2023	12/31/2999

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Message(s): We believe this information to be correct, but you must verify eligibility and coverage with specified payor

> This information is regularly sent to HCA from the Centers for Medicare & Medicaid Services (CMS). We recommend you have a process to Query Medicare directly to ensure you receive the most up to date information.

Processing and paying claims

HCA does not process or pay claims for services covered by Medicare when a client is enrolled in a D-SNP unless it is directly related to a client's responsibility outlined in their Benefit Service Package.

If the service is covered by the BHSO, do not bill HCA as a secondary payer.

Provider enrollment, credentialing, and requirements

Network Alignment

HCA aims to ensure minimal disruption for clients as they transition into Medicare. To achieve this, contracted D-SNPs must align at least 80% of their Apple Health and Medicare provider networks. This means that 80% of Apple Health providers must also accept Medicare clients, based on Medicare's required provider types.

How to Enroll as a Provider

Medicare provider enrollment

- Visit CMS.gov or contact the Medicare Advantage plan you want to contract with.

Apple Health provider enrollment

- Use the electronic enrollment option in ProviderOne. Visit the Enroll as a provider webpage for more details.
- Questions? Contact Provider Enrollment at 1-800-562-3022, ext. 16137.

Billing and submission

Billing depends on the client's program enrollment.

- For clients not enrolled in a managed care plan: follow the HCA billing guide.
- For clients enrolled in managed care: Refer to the health plan billing guide.

Refer to the ProviderOne billing and resource guide and Appendix J: Medicare Crossover claim payment methodology for more information.

Grievance and appeal rights

A member has the right to report concerns about:

- Quality of care received
- How they were treated
- Problems obtaining care
- Billing issues

Medicare Advantage plans, including D-SNPs, must follow specific Medicare requirements. Additionally, the Washington State Health Care Authority (HCA) requires D-SNP plans to coordinate grievances between Medicare and Apple Health (Medicaid) to ensure a prompt review that follows state and federal rules.

How to file a grievance

- Contact a client's D-SNP plan to report a grievance.
- Visit Medicare.gov for more information.

Additional Support

For additional information and support regarding Apple Health Medicare Connect, visit the Apple Health Medicare Connect webpage or email the HCA D-SNP team at hcadsnp@hca.wa.gov.