



Webinar Transcript

February 27, 2024

Medicare Enrollment and Coverage for Ryan White HIV/AIDS Program (RWHAP) Clients

Michelle:

Hello everyone, and welcome to part two of the ACE TA Center's three part series on Medicare coverage and Medicare-Medicaid dual eligibility. My name is Michelle Dawson, and I'm a senior consultant here at JSI, and I'm thrilled to have you all with us today.

To get us started, I'm going to share a few logistical and tech details, and then I'm going to hand it over to our fantastic presenters. So first, any attendees and listen... excuse me, all attendees are in listen only mode, but we encourage you to ask lots of questions using the chat box. You can submit your questions at any time during the presentation. We're going to take as many as we can at the end of today's session, and you can always email us with any questions you have at acetacenter@jsi.com.

If you have any problems hearing us or if you experience a sound delay, try exiting and reentering the webinar, or you can mute your computer audio and call in using your telephone at the number you see on the screen. Some of you may be familiar with the ACE TA Center, but for those of you who are new, welcome. The ACE TA Center is a HRSA funded technical assistance center that helps to build the capacity of the Ryan White HIV/AIDS Program community to navigate the changing healthcare landscape, and help people with HIV access and use their health coverage to ultimately improve health outcomes.

As a TA center, we support Ryan White HIV/AIDS Program recipients and sub-recipients to engage, enroll, and retain clients in Medicare, Medicaid, and individual health insurance options to build organizational health insurance literacy, thereby improving client's capacity to use the healthcare system and to communicate with clients about how to stay enrolled and use health coverage. We do this by developing and disseminating best practices and supporting resources, and by providing technical assistance and training through national and localized activities.

Our audiences include Ryan White HIV/AIDS Program staff, clients, program managers and administrators, but also people who help enroll Ryan White clients, such as navigators and certified application counselors.

All of our TA resources, including today's archived webinar, can be found on targethiv.org/ace. In addition to the webinar recording, our website houses all the resources and tools that we're going to discuss and share today. All participants in today's webinar will receive an email when it's posted so you can share it with your colleagues.



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As I mentioned, today's webinar is the second in the three-part series, and if you missed our first session on the basics of Medicare eligibility, you can find the slides on the website. Today we'll be covering Medicare enrollment, and on March 12th we'll be presenting the basics of Medicare-Medicaid dual eligibility. You can register for the next webinar on our website and we'll also chat out that registration link now.

In this presentation we'll recap what we've covered in the first webinar in the series, and then we'll move into best practices and enrollment support. Then we'll discuss common enrollment challenges and financial help that's available. We'll also highlight relevant ACE TA Center resources on these topics throughout the presentation.

Today I'm pleased to be joined by Christine Luong and Anne Callachan. Christine is the research and policy associate for the ACE TA Center and has been in this role for four years. She specializes in mixed methods research, health policy analysis, GIS and data visualizations, and materials development for Ryan White HIV/AIDS Program grantees, clients, and a variety of other audiences.

Anne Callachan is the BRIDGE team project manager at Community Resource Initiative, which administers the Massachusetts ADAP program, also known as HDAP. She has over six years experience navigating health insurance from Massachusetts HDAP clients through her leadership of the Benefits Resource Infectious Disease Guidance and Engagement, BRIDGE, health insurance enrollment team. Anne is a certified Medicare SHINE/SHIP counselor and certified application counselor for Massachusetts Insurance Marketplace. She provides training and technical assistance for providers and enrollees, including materials development and virtual training.

We want to get to know you a little bit. We'll start off today's webinar with a quick poll. Using the poll that you'll see on your screen in just a second, tell us how ready is your organization to assist clients with Medicare enrollment. Your options include: We're experts and we stay up-to-date on enrollment best practices, we have some experience and we partner with external enrollment specialists, we have some experience and we're building our in-house capacity, or we have a little experience and we're looking for ways to improve. If you have other things you want to say, I do see at least some of you are saying other. Please tell us in the chat what that is.

Okay. All right. We have a good mix with us today, with a lot of you saying that we have some experience and we partner with external, and then a number of you also saying we have some experience and we're building in-house, and



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some with a little experience and looking for ways to improve. We'll be able to help all of you today through this webinar, we hope. Great.

Now we'll just do a quick overview of what we covered in that first webinar in the series. If you need additional detail, you can always find this archived on our website. If you joined the first webinar in this series, in part one we covered the changing demographics of the Ryan White HIV/AIDS Program clients, Medicare eligibility for people with HIV, the different parts of Medicare, comparing Medicare coverage options from original Medicare versus Medicare Advantage, and Medicare enrollment pathways. We'll recap some of this in the next few slides, but as I mentioned just a moment ago, you can view the recording at targethiv.org/ace/webinars.

To be eligible to enroll in Medicare, an individual must be a US citizen or a legal resident for at least five years, with some exceptions. There are three primary ways that people with HIV can qualify for Medicare. The first is being at least 65 years old, or being under 65 with a qualifying disability, or having end stage renal disease or ALS, which is also commonly called Lou Gehrig's disease, and be any age. CMS has a calculator that you can use with your clients to determine Medicare eligibility, but this presentation today, and then also the previous webinar, we'll focus more on the first two eligibility pathways.

So we'll just do a quick comparison of original Medicare, that is Part A and B, with Medicare Advantage, which is also called Part C. Starting with original Medicare on the left side of the table, original Medicare includes Part A hospital coverage and Part B medical coverage. So for Part A hospital coverage, most people do not have to pay a premium as long as they have enough work credits to qualify for premium free, Part A. And this applies to anyone who qualifies for Medicare due to age or disability. People who don't qualify for premium free Part A can pay a monthly premium depending on how many work credits they've earned so far. Medicare Part B medical coverage is not tied to work credits. And finally, clients can add on Medigap supplemental coverage and Part D prescription coverage.

Now let's take a look at Medicare Advantage plans, which you'll see on the right side of your screen on that table. Medicare Advantage bundles Part A hospital coverage, Part B medical coverage, and Part D prescription drug coverage. They can also offer extra benefits that original Medicare does not have. Advantage plans may or may not have a monthly premium, but they do have a yearly limit on out-of-pocket costs for Medicare Part A and B covered services. And finally, remember that an individual cannot buy or use supplemental Medigap policies if they have a Medicare Advantage plan.



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Again, it's important to compare plans to see which will be the best for your client. You can shop and compare original Medicare and Medicare Advantage plans at [medicare.gov](https://www.medicare.gov). The Ryan White HIV/AIDS Program, including ADAP, may help pay in full or in part for Medicare premiums, deductibles, and copayments. It's important to check with your local ADAP to determine how it may be able to help with costs, as this varies by state. Most Ryan White HIV/AIDS Programs recommend that clients enroll in original Medicare, though this decision really depends on the Medicare Advantage market in your area. It's important to review the Medicare Advantage plans in your jurisdiction to determine if they are a good option for your clients.

This graphic you see here overviews the pathways that a person could take to enroll in Medicare. Now, the earliest that someone could enroll in Medicare is through the Social Security pathway, either by claiming Social Security Disability benefits at any age, or by receiving retirement benefits as early as age 62 and then automatically becoming enrolled at 65. Then there's the initial enrollment period, which is a seven-month period centered around the month that a person turns 65. Next is the special enrollment period, which can be triggered if someone continues working past age 65 and then loses employer sponsored coverage. And this is an eight-month period. Finally, the general enrollment period takes place at the beginning of each calendar year for anyone who was otherwise ineligible or unable to enroll through the other pathways. Now, the longer a person waits, the more likely it is that they'll have to pay a penalty. We want to stress how important it is to enroll and encourage your clients to enroll when they first become eligible.

Christine:

Thank you so much, Michelle, for recapping what we covered together in part one. I am happy to kick us off today with best practices and enrollment support for Medicare. Today I'm going to be sharing four best practices with you all to support Medicare enrollment. These are ensuring continuity of coverage, actively enrolling in coverage, enrolling when you're first eligible, and providing one-on-one enrollment support. We're going to explore each of these in more detail.

The first best practice today is to ensure continuity of coverage for your client's existing providers and also the current medications whenever that's possible. It's very important for case managers to confirm with their clients that their current providers accept Medicare. You can do this by either visiting [medicare.gov](https://www.medicare.gov) and using the Care Compare tool, which we'll chat out the link to, or you can help your clients by calling their providers directly, letting them know that the client's insurance is going to be changing to Medicare soon, and then confirming whether that provider accepts original Medicare or Medicare Advantage.



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Now, if the provider states that they prefer Medicare Advantage plans, make sure to ask them whether they're referring to an HMO plan or a PPO plan. Case managers should also help their clients compare Medicare drug plans in their area and make sure to choose one that's going to cover both their HIV medications and their other non-HIV medications if they're taking any of those. You can do this by visiting [medicare.gov](https://www.medicare.gov) and using the Plan Compare tool, which we'll chat out a link to. And as a reminder, the Ryan White HIV/AIDS Program, including the AIDS Drug Assistance Program, or ADAP, may help pay for Medicare premiums, deductibles, and co-payments.

Best practice number two is to help clients actively enroll in Medicare. So depending on what Medicare option your client goes for, for clients who choose original Medicare, again, this includes Medicare Part A hospital insurance and Medicare Part B medical insurance. If they choose this option, clients should enroll through the Social Security Administration. And if your clients are choosing Medicare Advantage Part C, or if they have original Medicare and they want to add on Medicare Part D prescription drug coverage, or they want to add on Medigap supplemental insurance, then they should enroll through [medicare.gov](https://www.medicare.gov). I know this may be a little bit confusing, so we're going to chat out a link to a one-pager that basically explains in what scenario you should be enrolling through Medicare or the Social Security Administration.

Now, most people who are eligible for Medicare have to actively enroll in coverage, like I just described, but you should be aware that there is a small subset of people who are automatically enrolled in Medicare. This includes people who are already receiving Social Security Retirement benefits. It includes folks who are under age 65 with a qualifying disability who have received 24 or more months of Social Security Disability benefits or SSDI, and it also includes folks with end stage renal disease or ALS, or Lou Gehrig's disease.

The third best practice that I want to share with you all today is making sure that clients enroll when they are first eligible for Medicare coverage. It's really important to do this. Usually this is going to happen during the client's initial enrollment period when they're turning 65, and it's important in order to avoid late enrollment penalties and minimizing gaps in health coverage. We'll be talking more about these penalties in the next section, so stay tuned. You can create automated reminders in the client's electronic health record, or you can ask medical case managers to flag clients who are either approaching their 65th birthday or clients who will soon be receiving their 25th month of SSDI benefits. This reminder is also an opportunity to start the discussion with clients about their healthcare needs and preferences, whether original Medicare or Medicare Advantage makes more sense for them, and also to get the ball rolling on starting to schedule those enrollment appointments.



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Now, a common concern from clients is, "Okay, am I going to be stuck with whatever Medicare option I choose when I first sign up?" And we want to emphasize here that clients are going to have plenty of opportunities to change their coverage if they're not happy with it. The reason for the best practice on the previous slide about enrolling when first eligible, that is intended to help clients avoid those penalties and to avoid those gaps in coverage. So they are not locked in to whatever option they first choose.

On the slide you can see there are two opportunities to change Medicare plans after enrollment. So from October 15th to December 7th every year, clients with Medicare coverage, it can be either original Medicare or Medicare Advantage, during that time period, they can make changes to their medical and prescription drug coverage for the following year, and those changes will take effect on January 1st. And then every year from January 1st to March 31st, clients who have Medicare Advantage specifically can during this period switch to a different Medicare Advantage plan or they can switch back to original Medicare, and any changes made during this period will take effect on the first of the month after the plan gets that request.

Finally, the fourth best practice is to provide one-on-one enrollment support to your clients. Now, we encourage Ryan White case managers to establish a relationship with their local State Health Insurance Assistance Program, or SHIP, which provides local and objective one-on-one counseling and assistance to Medicare eligible individuals, their families, and their caregivers. SHIP counselors can help clients with reviewing their health and drug plan options, exploring their financial assistance options, explaining how Medicare can work with other types of health coverage, and helping with more complex issues such as dual eligibility for both Medicare and Medicaid. We will chat out a link here where you can find your local SHIP program.

Your organization may choose to either refer clients to your local SHIP program for that external Medicare enrollment support, so external to your agency, or you can consider supporting staff at your agency to become trained SHIP counselors in order to build that internal enrollment capacity. We want to emphasize here that Ryan White and ADAP program staff are ideal SHIP counselors, and that's because they understand the eligibility requirements for both Medicare and for the Ryan White Program. They understand the unique coverage needs of people with HIV and they understand what state-specific programs are available to support their Ryan White clients.

Now, the training and certification requirements can vary from state to state, but it typically includes a blend of self-paced online training, webinars, and



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virtual or in-person group sessions. There's no cost associated with this training or certification and it is considered voluntary. In order to become a SHIP counselor, your organization must first be a SHIP-certified site. If your organization is not already a SHIP site, your organization's program director can reach out to your state department of public health or even your local SHIP site to find out more about the qualifications for becoming a SHIP-certified organization.

Okay, so let's take a pause here and we're going to do a few polls. Please answer the question that pops up on your screen. Is your organization connected with a SHIP counselor? The options are, yes, we have SHIP counselors on staff, yes, we refer our clients to a SHIP counselor, no, we're not connected, but we're working to do so, no, we're not aware of SHIP counselors in our area, or something else. And you can feel free to chat in your response there. So let's give folks a few seconds. Is your organization connected with a SHIP counselor?

Okay. I think we can close the poll and share the results here. So it seems like the majority of you who answered are not aware of SHIP counselors in your area. I do hope that you'll check out the link that we chatted out just a few minutes ago. In that link, you can click on your state or territory and that should help you find SHIP programs in your area. That'll be a very good place to start. 25% of you do refer your clients to a SHIP counselor, which is fantastic. Some of you already have SHIP counselors on staff, which is amazing. And some of you are not connected but working to do so. That's fantastic. Let us...

Christine:

About working to do so. That's fantastic. Let us know how we can help. We can definitely share more links and feel free to ask us any questions during the Q&A period. Okay, next poll. And let's have that pop up on our screens. Awesome. So the question is, do you have a need for additional client level resources on Medicare? Just yes or no. And we'll be focused a few minutes, a few seconds to answer that. Do you have a need for additional client level resources on Medicare? Okay, we can close that and share your responses. Okay, so a vast majority of you answered said, "Yes," you do need additional client local resources on Medicare. That is great for us to hear. And that actually leads us into our next poll.

So as we start to look at what these new client level resources might look like, we're very interested to hear from you all, what are the top challenges that your clients face related to Medicare involvement and coverage? So this poll's a little different. You can check more than one option, and I'll read out these options as well. So you can choose determining whether they're eligible for Medicare, deciding when to enroll in Medicare, choosing between original Medicare and



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Medicare Advantage, understanding dual eligibility for both Medicare and Medicaid, transitioning to Medicare from another type of coverage, knowing where to go for external Medicare enrollment support, understanding what Medicare covers, accessing age appropriate Medicare resources, accessing culturally appropriate Medicare resources or something else, in which case you can chat in your response.

So there's a lot to choose from there. We'll give it a few more seconds and let's share our results. Okay, so I'm seeing a lot of you chose understanding dual eligibility for both Medicare and Medicaid. We do have our dual eligibility webinar coming up in two weeks. Definitely register for that. We're going to talk a lot about the nuts and bolts of it. I know we've also gotten to some questions during registration about dual eligibility. So we definitely hear you. It can be a challenging topic.

I'm also seeing many of you selected choosing between original Medicare and Medicare Advantage. That is always, always a challenge. We did cover that in part one, so I definitely encourage you to go back and view the recording if you weren't able to attend live. Let's see. Understanding what Medicare covers, transitioning to Medicare from another type of coverage. So thank you everyone sharing all of these responses. This is going to be super helpful for us at the ACA Center as we think about what resources we should develop next to support you all in your important work. Alrighty, and now I'm going to pass it to Anne to discuss enrollment challenges. Anne.

PART 1 OF 4 ENDS [00:23:04]

Anne Callachan:

Thank you so much Christine and Michelle, and thank you all for joining us today. I'll be reviewing some enrollment challenges individuals face as they age into Medicare and best practices to avoid gaps in coverage and late enrollment penalties. As individuals age into Medicare, understanding how to avoid late enrollment penalties is an important part of the process. Individuals lacking the work credits for premium-free Medicare Part A will face a penalty if they do not enroll. That penalty is equal to 10% of the Part A monthly premium, and it will last for twice the length of time the individual delayed enrollment into Part A. This penalty can be avoided if an individual is enrolled in employer sponsored insurance coverage. Individuals who are eligible for Medicare Part B also face a late enrollment penalty if they do not enroll during their initial enrollment period.

This penalty adds an additional 10% to the cost of the standard Medicare Part B premium and lasts for a lifetime. This penalty can be avoided if an individual is



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enrolled in employer sponsored insurance. And a couple other things to note here for people who qualified for Medicare Part B prior to age 65 through a disability or some other avenue, the Part B late enrollment penalty resets to \$0 when an individual is turning 65 and is in their initial enrollment period. So this is a good opportunity for clients who either didn't enroll in Part B when they were eligible through a disability or let that coverage term maybe for nonpayment to re-enroll into part B and have their penalty reset. And certainly anybody who's in part B prior to age 65 and is facing that penalty will have the penalty wiped away when they turn 65. Another option is individuals who qualify for a Medicare savings program may be able to avoid the Medicare late enrollment penalty if their state is paying their Medicare premium.

So similar to parts A and B, individuals who do not enroll in Medicare Part D coverage when they become eligible may also face a late enrollment penalty. This penalty adds 1% of the national benchmark part D premium. For every month, a beneficiary was eligible but not enrolled and did not have other creditable coverage. Medicare defines creditable coverage as coverage at least as good as Medicare Part D prescription drug coverage. While this penalty is significantly smaller than the part A and B, late enrollment penalties, this penalty can add up over time. So making sure that clients who are eligible for Part D have either a legitimate reason to delay that eligibility or enroll is important. Like the Part B penalty, the Part D penalty is a lifetime penalty for people who delay Part D enrollment during their initial enrollment without other creditable coverage.

And similar to the Part B, late enrollment penalty, if somebody gains Medicare eligibility prior to age 65 through a disability or some other avenue, the Part D late enrollment penalty does reset to zero for individuals as their aging into Medicare, turning 65, hitting that initial enrollment period. And individuals who qualify for extra help or a Medicare savings program can often avoid the Part D late enrollment penalty. Next slide.

So Ryan White program staff can help clients with Medicare avoid late enrollment penalties by making sure clients who are deferring Medicare enrollment have a legitimate reason to do so. So some of those reasons include active employer sponsored insurance through their own or their spouse's employer will help people avoid a Part A, Part B and a Part D, late enrollment penalty when those penalties would otherwise be assessed. And for the Part D penalty, as long as somebody has other creditable coverage, they can avoid that Part D late enrollment penalty. So Ryan White program staff are encouraged to screen clients who are facing Medicare late enrollment penalties for programs like the Medicare Savings Program and an extra help that might be able to cover those Medicare premiums and basically erase those late enrollment penalties.



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Another common challenge, individuals who are deferring Medicare enrollment due to employer sponsored insurance should always sort of outreach to their employer's HR department first. The reason for this is that many employers will recommend their Medicare eligible employees enroll in Part A if it's free to them. Consulting with an employer's HR department is the best way to confirm what parts of Medicare to take, if any. It's important to understand the relationship between employer sponsored insurance and Medicare and who pays first. Retiree plans and COBRA do exempt an individual from the Part B late enrollment penalty. So it's important to understand when it's acceptable to defer Medicare enrollment if somebody is enrolled, retired, enrolled in a retiree health insurance plan or has coverage through COBRA. Beneficiaries can also contact Social Security if they are unsure if their existing health insurance coverage allows them to avoid a Medicare late enrollment penalty. And I am going to pass this back to Christine to do a couple of knowledge checks.

Christine:

Thank you. And yes, I'll be doing all the knowledge checks today. So everyone, let's do this with knowledge check. Which of the following is a legitimate reason to defer enrollment in Medicare Part B? So your options are having COBRA coverage, having employer sponsored coverage, having retiree insurance, or all of the above. So let's take a few seconds here. Which of these is a legitimate reason to defer enrollment in Medicare Part B? Okay, I think we can close the poll. Let's see what you all answered. So 61% of you responded B, having employer sponsored coverage, and 38% of you said D, all of the above. So actually the answer is B, having employer sponsored coverage. COBRA coverage and retiree insurance are not considered legitimate reasons to defer enrollment in Part B.

And then let's do just one more knowledge check. So the question that should have popped up on your screen is what steps should Ryan White clients take if they are considering deferring Medicare enrollment in favor of employer sponsored insurance? So A, contact their employer's human resources department to identify any potential conflicts. B, contact the Social Security Administration to confirm whether deferring Medicare Part B coverage will incur a penalty. C, time their Medicare Part B deferment during their initial enrollment or D, all of the above. Take another few seconds here. What should clients do if they're considering deferring in favor of their employer sponsored insurance? Okay, I think we can close the poll and share responses. Okay, so 60% of you said D, all the above. 23% of you said to contact the employer's human resources department and a smaller percentage said to contact the Social Security Administration. So the answer is D, all of the above. Please do all of these three things if your client is considering deferring Medicare enrollment and keeping their employer sponsored insurance. And I'm passing it back to you Anne.



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Anne Callachan: Thank you. So another common enrollment challenge is related to transitioning clients from marketplace coverage to Medicare. Individuals in marketplace coverage who are eligible for premium free Medicare Part A because they have those work credits cannot stay enrolled in marketplace coverage and will lose eligibility for APTCs. Marketplace coverage unfortunately doesn't automatically terminate when an individual turns 65, but those eligible for premium-free Part A should certainly transition to Medicare during their initial enrollment. If they're eligible, they could also consider enrolling into employer sponsored insurance as an alternative to enrollment into Medicare.

Individuals in marketplace coverage who miss their Medicare initial enrollment can enroll during the Medicare general enrollment period. They can see if they qualify for a special enrollment period to enroll or they can try to access a program, a special enrollment called equitable relief. But ultimately, these people may face gaps in coverage and late enrollment penalties. Individuals in marketplace coverage who miss their Medicare... sorry, individuals who are not eligible for premium-free Medicare Part A are allowed to stay enrolled in marketplace coverage and receive advanced premium tax credits if they're eligible for them. But they should make sure that they do not enroll in Medicare Part A with a premium as marketplace coverage does not work with Medicare and they will ultimately lose their eligibility for advanced premium tax credits.

Individuals transitioning from marketplace coverage to Medicare should check their mail frequently for any notices from the marketplace or Medicare regarding their coverage. They should wait until their enrollment into Medicare parts A, B, and D has been confirmed before contacting the marketplace to terminate their marketplace coverage. And they should reach out to Social Security if they have enrolled in A and B but have not received confirmation of this enrollment in a timely manner. And I am once again going to pass it back to Christine for a quick knowledge check.

Christine: Thank you and happy to do it. So the poll should pop up on your screen. So the question is true or false, clients who are currently enrolled in marketplace coverage will automatically be terminated from their plans once they enroll in Medicare coverage? And the options are true or false. I think there's a leftover option from the previous webinar, so the options are just true or false. Take a few seconds. All right, let's close the poll. See what you responded all. So 84% of you said false, 12% of you said true and a few of you selected the invisible option that should not be there. So the answer is false. If you're enrolled in marketplace coverage and then you get Medicare coverage, you need to terminate your marketplace coverage. It will not be automatically terminated for you. And back to you Anne.



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Anne Callachan: Thank you again Christine. So the last enrollment challenge I'd like to just sort of highlight today is people who are transitioning from Medicaid to Medicare. And some best practices related to this transition. Individuals with Medicaid should make sure that their contact information with their state Medicaid program is up-to-date to make sure they receive any notifications regarding changes to their coverage or a need to renew their coverage. Ryan White staff can remind clients who are enrolled in Medicaid to check their mail frequently for any letters that may detail a change to their coverage or need to renew their coverage. They should support and help clients to submit Medicaid renewals if a client receives one.

If a client loses Medicaid eligibility due to income or assets, they should help them enroll in other health insurance coverage, including Medicare or marketplace coverage as soon as possible to avoid any long gaps in coverage. And if they are Medicare eligible, they should remember to screen these clients for programs that help with Medicare costs like the Medicare savings programs or extra help. Individuals with Medicaid who are Medicare eligible but not enrolled can enroll in Medicare during a special enrollment period if they lose their eligibility for Medicaid. That special enrollment is a six month window that begins when an individual learns of or is notified that their state Medicaid coverage has ended or will end, whichever of these is later Medicaid Medicare beneficiaries may opt to get their Medicare coverage retroactive, generally backdated to the termination date of their Medicaid, but no earlier than January 1st, 2023. Retroactive...

Anne Callachan: ... 2023. Retroactive Medicare coverage may result in a premium being owed for any months for backdated coverage, so individuals should carefully consider how far backdated they want their Medicare coverage if they are requesting backdated Medicare coverage, to make sure they're not paying a premium for months when they maybe had Medicaid, and don't need that backdated coverage.

And just some reminders, Medicare coverage typically begins on the first of the month, after the month that somebody enrolls. I guess the one exception might be for clients who are turning 65, and in the early part of their initial enrollment period, their coverage, even if they started the enrollment process three months prior to the month in which they turned 65, their Medicare would become effective on the first of the month in the month in which they turned 65. So I am going to pass this back to Christine now.

PART 2 OF 4 ENDS [00:46:04]



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Christine:

Thank you so much, Anne. So we are now going to move on to financial help for Medicare costs. I just want to preface this by saying that these next few slides that I'm going to go over does not represent an exhaustive list of financial assistance options for folks with Medicare, so you should always check for any state-specific or regional programs that may be available in your area as well.

So first and foremost, one thing to keep in mind is... The most important source of financial assistance to keep in mind is the Ryan White Program. You all may have seen this before, and the Ryan White Program can help clients with premiums and cost sharing for Medicare Parts B, C, and D coverage. So this is going to include outpatient and ambulatory health services under Medicare Part B, and as well as prescription drug coverage under Medicare Part D. That includes at least one drug in each class of core antiretroviral therapeutics.

Now, the Ryan White Program cannot help with Medicare Part A premiums or costs share, and that's because that's associated with inpatient care. But as a reminder, most people do not have to pay Medicare Part A premiums anyway if they have enough work credits to qualify for premium-free Part A. And if you're not sure what the Ryan White Program covers in your area, definitely check with your state ADAP, or your local Part A program for details.

And we're going to chat out a link to what's called a policy clarification notice, number 18-01, and you can learn more about what Ryan White funds can be used for. When you are helping your clients use the Ryan White Program to help with the costs of Medicare, you should first remind them that Medicare is their primary insurance, and ADAP is always going to be the payer of last resort. So basically what this means is, let's say your client is going to the pharmacy to pick up their medications, if there's a copay associated with that medication, they should be paying that with their Medicare Part D, or their Medicare Advantage card first, and ADAP second if there's a balance left over.

And this is helping to make sure that your client is paying towards the deductible for their Medicare plan, if they have a deductible requirement. And another tip is to be aware that premium amounts can change throughout the year. So in order to avoid coverage termination or accruing past due amounts, both clients and case managers should be keeping an eye out for any notices in the mail about changes to their Medicare premium amounts. And this is going to ensure that the Ryan White Program is helping clients to pay their premiums in full, and on time.

Another popular financial assistance option is the Medicare Savings Programs abbreviated to MSPs. We've been throwing this term around a little bit in this



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presentation. Medicare Savings Programs, MSPs, these are federally-funded, state-administered programs for certain low-income people that help pay for some or all of the Medicare enrollees, Medicare premiums, and out-of-pocket expenses. Medicare Savings Programs are available to most people who are dually eligible for Medicaid and Medicare. Again, we will be talking more about dual eligibility in our next webinar in two weeks, so for today, I'm going to just provide a general overview of the program.

So as you can see on this slide, there are four different types of Medicare Savings Programs. The first is the Qualified Medicare Beneficiary, or QMB program. This is actually the most comprehensive of all of the MSPs, and it pays for all Medicare costs for those who are eligible for it. And then the other three MSPs are the Specified Low-income Medicare Beneficiary, or SLMB, the qualifying individual or QI, and the qualified disabled and working individuals for QDWI. And these last three MSPs will only pay for some Medicare costs.

All of these four Medicare Savings Programs have slightly different eligibility criteria, and also depending on what state you live in, not every state offers all four of these programs, and to make things even more confusing, they might also have a different name than what's listed on this slide, again, depending on where you live. So if you think your client might be eligible for a Medicare Savings Program, you can help them apply through your state's Medicaid website directly.

And then there's also the Extra Help program. Again, we've referenced this a few times in this presentation already. The Extra Help program is also known as the Part D, Low-Income Subsidy or LIS, those terms are kind of interchangeable. So Extra Help is a federal program that helps individuals pay for some or most of the out-of-pocket costs that are associated with Medicare Part D prescription drug coverage. This program itself is not prescription drug coverage, so the client has to already be enrolled in a Part D plan in order to apply for Extra Help with those prescription drug costs. So there used to be two tiers of Extra Help, but as of January 1st of this year, Extra Help is expanded. So all eligible individuals with incomes under 150% of the federal poverty level will receive the full subsidy.

You can help your clients enroll either through the Social Security Administration, online, or with a paper application. One thing to note is if your client is already enrolled in a Medicare Savings Program, like the four that I described on the previous slide, they usually will also qualify for this program, for Extra Help automatically. And just wanted to note that clients can qualify for both the MSPs and Extra Help, because MSPs are administered by the state,



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Extra Help is a federally administered program that's specifically for prescription drug costs. And also since both MSPs and Extra Help are income based, most Ryan White clients are going to qualify for both of these programs. And as a reminder, and mentioned this before, enrolling in the Extra Help program is going to eliminate any Medicare Part D late enrollment penalties that your client may have incurred up to that point.

And there are some other sources of financial help which may be specific to your state or your local community. So this may include state pharmacy assistance programs or SPAPs. And these are offered in some states to help eligible clients pay for their prescription drugs based on things like their financial need, their age, or whether they have a certain medical condition, for example, HIV/AIDS. There are patient assistance programs, or PAPs, and these are offered by some of the major drug manufacturers to people who are eligible.

So depending on the specific patient assistance program, the client may be able to get their medication for free, or at a very low cost. Now, each program is going to have different requirements, including whether there's a copay, and how to apply for it, but most of these programs will have an online application. And then there's programs of all-inclusive care for the elderly, these are called PACE programs. These are state-administered programs for people who require a nursing home level of care, but are still able to live in the community. Most people who are eligible for the PACE program are dually eligible for Medicaid and Medicare, and the PACE program will pay for some or all of those associated Medicare costs.

And if you think your client may be eligible, definitely check with your state's Medicaid program to see if it's offered in your state, and also how to enroll. And another financial assistance option is called LINET, that stands for Low-Income Newly Eligible Transition. So the LINET program provides temporary and sometimes retroactive Medicare Part D coverage. This program is for people who qualify for Extra Help, and have either both Medicare and Medicaid, so they're dually eligible, or who have both Medicare and SSI. So this also includes people who are on Medicaid and are waiting for their Medicare Part D coverage, or Medicare Advantage coverage to start. And we'll actually chat out a link to a webpage with more information about the LINET program. And then finally, there may be other state or local resources near you, such as a clinic or a hospital's financial assistance program. If your client is a patient at a hospital or a clinic, they can get in touch with the insurance department or the patient financial assistance department there to find out if they qualify.



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And now, I am excited to share some of our ACE TA Center tools and resources that you can use when helping your clients enroll in Medicare coverage. Quick reminder, we are going to be getting into the Q&A after this section, so please, if you do have questions, make sure to put them in the chat now.

So the ACE TA Center has three tools that you can see on this slide that cover the nuts and bolts of Medicare coverage. The first one here on the left is the basics of Medicare for Ryan White clients, which talks about the common eligibility pathways for people with HIV, and the different parts of Medicare. And this resource is also available in Haitian Creole and Spanish. The second tool that's in the middle of this slide is Medicare prescription drug coverage for Ryan White Clients, which talks about how to get prescription drug coverage. It talks about the donut hole, coverage for HIV medications, and also how ADAP can help with costs. The third tool, which is on the right-hand side of this slide is how Medicare enrollment works, which goes into detail about the initial enrollment period, special enrollment periods, and the general enrollment period, as well as how to avoid penalties, and how to make changes to your existing Medicare coverage. And we will chat out links to all of those.

Here on this slide, we have a tool about one-on-one Medicare enrollment assistance for Ryan White clients, which goes into detail about the benefits of partnering with your local SHIP program, as well as how to become a certified SHIP counselor, like Anne. We'll chat out a link to that as well. And here is our transitioning from marketplace to Medicare health coverage tool, which includes a comprehensive FAQ, and decision trees to help make this transition process as painless as possible. And we'll put the link in the chat as well.

Here on this slide, we have our financial help for Medicare tool, and this describes the most common sources of financial assistance for Medicare costs. So it includes the Medicare Savings Programs, and the Extra Help program that I discussed just a few minutes ago. We'll chat out the link as well.

Here on this slide, we have a resource that's designed specifically for clients, that's called the ABCDs of Medicare Coverage. So this is a brief, clean language tool that provides an overview of the different parts of Medicare, as well as the difference between original Medicare and Medicare Advantage. You can print this tool out, you can give it to your clients to read on their own, or to discuss with you during an appointment. This tool is also available in Spanish and Haitian Creole. And you can find all of our Medicare specific tools at targethiv.org/ace/medicare.



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And I know we've talked about dual eligibility a little bit today as well, so here on this slide, we'd like to share our fundamentals of Medicare-Medicaid dual eligibility for Ryan White clients tool. And this is intended to help case managers better understand the fundamental health coverage needs of their dually eligible clients, including how the Ryan White program and ADA work together with Medicare and Medicaid coverage. And we'll chat out that link too.

And finally, the newest tool that is on the slide today is called Understanding Dual Eligibility, A Guide for Consumers About Medicare and Medicaid Coverage. And this tool is specifically developed for people with HIV, and it provides an overview of the basics of dual eligibility, as well as the health coverage and financial assistance options. That's specifically for dually eligible Ryan White clients. And this tool is also available in Spanish and Haitian Creole. So we will chat out that link as well.

And before we get into Q&A, we're going to do some polls. We want to definitely acknowledge that we see the challenges that you all face, and we strive to provide the most relevant technical assistance possible. So please answer the question as it pops up on your screen. You can check all that apply. How are you sharing tools, resources, and information with clients? Either during in-person appointments, during virtual appointments, via email or text follow-up, or in some other way, which you can chat in, and we're seeing folks saying by phone and by mail as well. So how are you sharing tools, and resources, and information with your clients?

Okay. I think we can close the poll and share our results. Many of you are sharing information during in-person appointments, as well as by email or text follow-up, smaller percentages of you are sharing during virtual appointments, or by these other methods that you're sharing in the chat. Awesome. And one more poll, folks. We also want to know, what type of resource do you think would be most useful to give to your clients? Can we get the poll up on the screen? Awesome. What type of resource would be most useful to give to your clients? And you can check all that apply. A printable PDF fact sheet, a palm card, brochure, or a half sheet print-out, an online fact sheet, or an FAQ type of document, or something else. Feel free to chat in your response. So what type of resource would be most useful to give to your clients?

And we'll give folks a few more seconds to respond. All right, and we can close the poll. Yep, vast majority of you would love a printable PDF fact sheet, followed by a palm card, brochure, or a half sheet print-out. 50% of you would like the digital version, an online fact sheet, or an FAQ. If you selected other, we are definitely looking forward to seeing your suggestions in the chat as well. All



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right, so thank you all for sharing. And now I will hand it back to Michelle to get us started with our Q&A.

Michelle: Great. Thank you, Christine. We are ready with some answers to the questions that you've been chatting in. If you still have a question or one comes to you, please feel free... The chat window is still open. And we'll get started with a question for Anne. Anne, how can we support clients that lose their Medicare Part B coverage due to lack of payment?

Anne Callachan: So clients who lose their Part D coverage for non-payment may need to wait until the Medicare general enrollment period, a window that happens every year between January 1st and March 31st to re-enroll in Medicare Part B. But depending upon where in the year you are, when somebody loses that coverage, you can try to see whether or not the client qualifies for any sort of special enrollment period outside of that general enrollment period. You can check on their eligibility for their state Medicaid program, or a program like the Medicare Savings Programs that Christine talked about, that might give them an option to get re-enrolled into part B, outside of a special enrollment period, or that general enrollment period. And you can also check to see if they might be eligible for some kind of coverage through their employer, to at least get them through that gap in coverage until the Medicare general enrollment period happens.

Michelle: Thanks, Anne. And can you tell us, how is the Ryan White HIV/AIDS program system managing the annual recertification process post-COVID?

Anne Callachan: So my best advice is that, from one state to the next, how...

Anne Callachan: ... from one state to the next. How recertification in the Ryan White program works may vary from state to state. I work in a state where clients need to re-certify every six months, but I would recommend you check with your individual state's program to see what the recertification process is and whether or not they have any expedited ability to approve applications for maybe a client who's currently without coverage because they lost their Medicaid coverage through the unwinding.

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Michelle: Great. Thank you. Anne, would you be able to explain the difference between SSDI, SSI and SSA?



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Anne Callachan: Sure. So I mean, there are a lot of complicated terms out there. I think the easiest answer, so SSI is supplemental security income. It is oftentimes similar to maybe a low income subsidy. It is not based on anybody's work history, how much they've paid into the system to be able to collect it is really based on their circumstances, based on their income.

SSDI is Social Security Disability income, so something that is generally paid based on somebody's work history to somebody who has been approved for Social Security Disability because they have a disabling condition that limits their ability to work or makes it impossible for them to work. Generally, people collect Social Security Disability income prior to age 65 after a Social Security Disability application has been approved through the Social Security Administration.

And then we have chatted out a link that you can click on for more information. But typically I don't use the terminology SSA, so I am going to leave it simply as Social Security income based on your work history is something that somebody collects either prior to or when they reach their full retirement age that is directly linked to the number of years that they've worked and the money that they've made.

So I hope that helps.

Michelle: Thanks for that. And on that, going from there, Christine, how many work credits are needed?

Christine: Thanks, Michelle. Yeah, so work credits are associated with Medicare Part A, sorry, the premium free Medicare part A specifically. So you would need 40 or credits in order to qualify for premium free Medicare Part A. This is equivalent to approximately 10 years of full-time work. Basically, you can earn one of these work credits for every quarter, so every three months out of the year, you can earn up to four credits per year. So if you do the math on that, it's approximately 10 years.

I will say folks who have not accrued the 40 work credits by the time they turn 65 and are eligible to enroll in Medicare, you can still sign up for Part A, but you'll have to pay a premium. That premium amount is going to depend on how many credits you've earned so far, but you can keep working past age 65, keep earning those work credits until you get to a point where you have 40 and can switch to that premium free Part A.



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If you're not sure like me, how many work credits you have so far, you can find that out through the Social Security Administration. I believe you can just make a quick online account if you don't have one already, and that information should be available to you and to your clients as well.

Michelle: Thanks, Christine.

Christine and Anne, can you explain what options someone has when a client fails to enroll in Medicare within their enrollment window?

Anne Callachan: I'm certainly happy to take this. I think if some of it does reference back to sort of that loss of Part B, I think that we answered that already. Anyway. I'm sorry. So the initial enrollment period is like a seven-month window that typically starts three months before somebody turns 65 includes the month in which they turn 65 and lasts for three months after that. If somebody is turning 65 and fails to enroll during that window, they can look for eligible special enrollment periods that might allow them to enroll in Medicare A and B outside of their initial enrollment period.

I think that Social Security and Medicare have realized that sometimes there were some special enrollment periods related to COVID or extenuating circumstances that might have allowed somebody to miss their initial enrollment period. So I think always exploring those options is a good option. And then the final option would be to wait until that general enrollment period that we talked about that runs from January 1st to March 31st.

I think we did chat out a link to the special enrollment periods. And in my six plus years doing this, I mean I have seen some sort of leniency open up. It used to be people who enrolled in Medicare during the general enrollment period had to wait until July 1st for that coverage to begin. And Medicare did sort of acknowledge, Social Security and Medicare acknowledged that was a problem. And so now somebody's coverage begins the month after the month in which they enroll, which is a great thing. And so looking out for those special enrollment periods, checking for eligibility for something like a Medicare savings program that might allow them to get into the Medicare they didn't enroll in sooner, those are all good options.

Michelle: Thanks so much. And so then Christine, I think here's a question for you. If a client is getting Social Security insurance through disability and they had Part A, B, and D, but their Part B and Part D termed, can they still apply for Part D with only Part A?



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Christine: Yeah, thanks Michelle. I mean, I sort of read this question as like essentially, can you enroll in Medicare Part D if you just have Medicare Part A? And the answer is yes, unless Anne I am totally off the mark on this.

Anne Callachan: Yes.

Christine: Okay, awesome. So in order to enroll in this standalone Part D drug plan, you just have to have either part A or you can have just... Sorry. Either just part A or just Part B, or you can have both A and B. So I think the answer to that question is yes.

Michelle: Great, thank you. Then we have another question. I have a client that just started to collect SSDI. Her 25th month will be October of 2025, but she'll turn 65 years of age in March of 2025. Will her Medicare take effect on March 1st, 2025, or will it be October 2025 in her 25th month?

Christine: That's a question for me, right Michelle?

Michelle: Yes, yes.

Christine: Okay. So in this case, it's whatever happens earlier for this particular client. So it sounds like if the client's 65th birthday is in March, then their initial enrollment period, so that's the seven-month period, that centers around their birthday month, so it sounds like their IEP is going to be December 1st through June 30th if my math is right on that. So if this client enrolls during the IEP first three months or during their birthday month, then their coverage is going to start on the first of their birthday month, which would be March.

If the situation was flipped and this person was receiving their 25th month of SSDI benefits before they turned 65, then at that point, that's when that client would get automatically enrolled in Medicare parts A and B. And I'll note there too, that just because someone is auto-enrolled doesn't mean they have to keep that coverage. You can decline it. But for the purposes of this question, the client will get Medicare coverage starting in March, 2025.

Michelle: Great. Thank you, Christine. Okay, I think another question for you, Christine. As the payer of last resort, how can the Ryan White HIV/AIDS program support clients on Medicare with high medical deductibles?

Christine: So the Ryan White program can definitely help clients with Medicare premiums and cost sharing, so that includes deductibles, co-insurance and copays, but only for Medicare Parts B, Part C Advantage plans or Part D. So Ryan White funds



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cannot be used to pay for Medicare part A premiums or cost sharing because that's associated with inpatient care, which is prohibited just by statute I believe. We did chat out a link to the policy clarification notice that explains how that works and I can chat it out or you can. Thanks, Michelle.

Michelle: All right, thank you. And then Christine, while we've got you, what are the changes that are happening to the Extra Help program?

Christine: Yeah, so it's very exciting. So the Extra Help program, so in the past used to have these two different levels of assistance. So it used to be separated by what's called the full subsidy or by a partial subsidy, that is gone. There is no longer two levels. So as of January 1st of this year, 2024, now there's just one tier, one level of assistance. And basically anyone who's eligible for the Extra Help program who makes under 150% of the federal poverty level is going to receive this full subsidy through the Extra Help program. And one thing that we've heard from folks is actually that Medicare beneficiaries generally aren't aware that these reforms have taken place and that more reforms will be taking place in 2025 and on. And actually many folks who are eligible for this Extra Help program are not actually enrolled in it.

So aside from folks who are in a Medicare savings program who get auto enrolled in Extra Help, there are still plenty of people out there who could be benefiting from Extra Help but are not. So that's where we encourage Ryan White case managers and program staff to definitely help your clients apply for the Extra Help program online, via phone or with a paper application just to see if your client qualifies. And we will chat out some links as well about the Extra Help.

Thanks, Michelle. So quick.

Michelle: Great, thank you. Okay. So let's go back to Anne. Anne, can you give an example of why someone would be enrolled in Medicaid and not in Medicare if they were eligible for Medicare during the time that they were enrolled in Medicaid?

Anne Callachan: So this is sort of my best example I can think of off the top of my head is that somebody is eligible and enrolled in Medicaid prior to age 65, and when they turn 65, they may need to actively enroll in Medicare. There could be circumstances from one state to the next where the state becomes aware of somebody's Medicaid eligibility and automatically goes ahead maybe through eligibility for a Medicare savings program, or maybe because the state doesn't want to be the payer of last resort and they realize that somebody is Medicaid eligible, that they go ahead and do that Medicare enrollment. But I think that's



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the best example is that the fact that somebody has Medicaid and is turning 65 doesn't mean that they don't need to actively pursue enrollment into Medicaid. Medicare, sorry. So they could be left just with Medicaid without that Medicare enrollment.

Michelle: Thanks. Quick question for Christine. Do VA benefits count as creditable coverage?

Christine: Yes and no. So for the purposes of Medicare Part D prescription drug coverage, yes, VA benefits count as creditable coverage. But if you're talking about Medicare Part B medical coverage, it does not count as creditable coverage.

Michelle: Thanks. Now, Anne, what are the options for a person who's coming off of SSDI and needs insurance?

Anne Callachan: So if somebody earned eligibility for Medicare coverage prior to age 65 and is coming off SSDI, Social Security Disability because they're returning to work or they're working more hours than they're allowed to keep their Social Security Disability income, they do have a relatively long window to maintain eligibility for Medicare and stay enrolled in Medicare.

Medicare and Social Security, they set up a lot of rules that are long and confusing, and I should have Googled this before I answered this question. I believe it's maybe something like seven years and nine months that somebody can maintain Medicare eligibility when they're under the age of 65 got it through SSDI. But they can certainly transition off of Medicare after they've returned to the workforce in place of something like employer sponsored insurance. So I hope that answered the question. Again, sort of long and complicated.

Michelle: Thank you. And I know we're running up against time, but there were a few questions that came in on this topic. And so we do want to ask you, Anne, how can people avoid scams about Medicare?

Anne Callachan: So I think it is important to remember that phone calls coming in are generally scams or a sales attempt to get somebody to change their coverage that may or may not be a scam but may or may not be in that person's best interest. So Medicare never picks up the phone and calls anybody. Social Security may call somebody, but only if that person reached out to Social Security and said I need to enroll in Parts A and B. Working with experienced insurance enrollment [inaudible 01:28:24] self like a SHIP counselor that can sort of assess any mail that somebody gets or email somebody gets, to determine is this legitimate? Is



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this a sales broker? I mean, just be so, so careful when you're getting all that information in the mail to confirm its legitimacy. And even if it is legitimate to confirm whether or not making the change this person is recommending is really in the best interest of the Medicare beneficiary.

Michelle: Thanks, Anne. And it's important information. And so you did mention one thing in there. I wanted to end with this question as we move into our just final slides. How do you become a SHIP certified counselor? If one wanted to? Can anyone do the courses?

Anne Callachan: So I believe anybody can do the courses. So early on in my work at the Massachusetts ADAP I was confronted with a lot of Medicare questions I didn't know the answer to. So I reached out to my local SHIP program and worked with the woman there who ran that particular program. And I expressed to her my interest in wanting to learn more about Medicare and she invited me to do their SHIP training. So my recommendation would be to contact your state's SHIP program. They may have several throughout a state. So depending upon where you live or where you work, maybe contact, get in contact with somebody who's close to where you want to be associated and see if you can do a training through that program.

Michelle: Thanks so much. Great. Thank you so much everyone. That's all the time we have for questions today. I do appreciate you joining us and we hope that you'll join us for part three, which is on Medicare and Medicaid dual eligibility for Ryan White HIV/AIDS program clients. It's on March 27th at 3:00 PM Eastern. The registration link is there in the chat. We've reached the end of our presentation today. As always, please visit the ACE TA Center website to sign up for our mailing list, download tools and resources, and even more. If you have questions, you can always reach out to us at ACETACenter@jsi.com. Thank you so much.

PART 4 OF 4 ENDS [01:31:06]