Medicaid 101
for Ryan White HIV/AIDS Program Recipients and Providers

Medicaid is a public program that provides health coverage to low-income people. It is a state and federal partnership, meaning that funding comes from both states and the federal government. While there are federal rules for Medicaid, states have some flexibility to set up and run their programs differently.

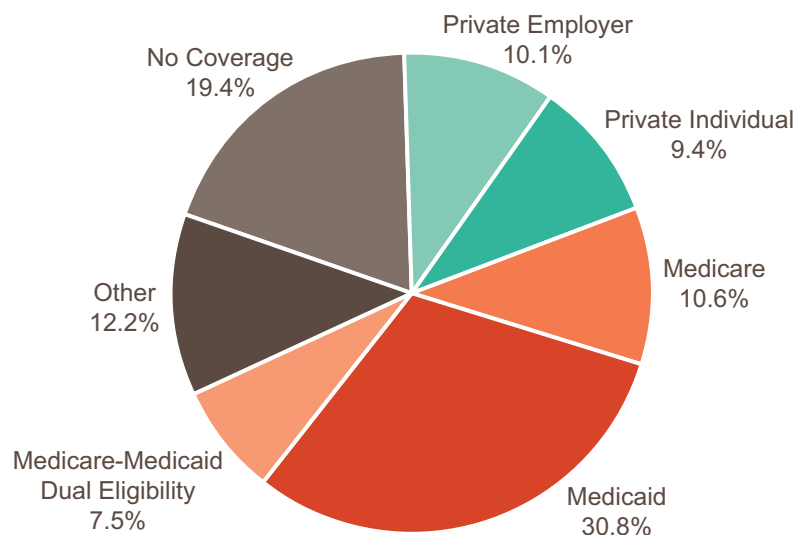## The Role of Medicaid for RWHAP Clients

Medicaid is the largest source of health coverage for RWHAP clients. In 2020, almost one-third (30.8%) of RWHAP clients were covered by Medicaid only, and an additional 7.5% were covered by both Medicaid and Medicare, see Figure 1.[1] The Affordable Care Act (ACA) provides states the option to expand their Medicaid programs to individuals with income up to 138% of the federal poverty level (FPL). In states that have chosen to expand their programs, many previously uninsured RWHAP clients have become newly eligible for Medicaid. Medicaid offers comprehensive benefits, often including targeted services for people living with chronic conditions and disabilities, but the scope of benefits as well as program eligibility varies across states.

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of the importance of the Medicaid program for people with HIV, including Medicaid eligibility and coverage.

? Find the answers to these questions:

1. What is the role of Medicaid for RWHAP clients?
2. Who is eligible for Medicaid?
3. How do clients enroll in Medicaid?
4. How can the RWHAP support clients on Medicaid?

Figure 1: Sources of Health Care Coverage for RWHAP Clients (2020)[1]

- No Coverage 19.4%
- Private Employer 10.1%
- Private Individual 9.4%
- Medicare 10.6%
- Medicaid 30.8%
- Medicare-Medicaid Dual Eligibility 7.5%
- Other 12.2%

[1] HRSA/HAB, Ryan White HIV/AIDS Program Client-Level Data Report 2020, available at **https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/rwhap-annual-client-level-data-report-2020.pdf**.

Medicaid Eligibility and Enrollment

Medicaid is a partnership between the federal government and states. For every dollar a state puts into its Medicaid program, it receives a federal match. The federal match varies by state. Medicaid is an entitlement program, which means that anyone who is eligible may enroll and federal funding will automatically increase to cover all enrollees.

This section explains who is eligible, how to apply for coverage, and the Medicaid premium and cost sharing limits.

Medicaid Eligibility

Medicaid eligibility is broken down into different categories, each with a different income threshold. All states provide coverage for the six categories included in Figure 2 (with the exception of the Medicaid expansion category, which is only available in states that expanded Medicaid under the ACA). The income thresholds included in Figure 2 are the median eligibility thresholds for programs across the U.S., meaning some states will have lower income thresholds and some will have higher income thresholds. While the federal government sets a minimum level for eligibility, states have the flexibility to raise the income thresholds for many eligibility groups.

How Medicaid Determines Income Eligibility

- Medicaid programs use Modified Adjusted Gross Income (MAGI) for many Medicaid categories.

- MAGI looks at a person's taxable income and takes into account the income of the tax filing household.

- MAGI is also used to determine eligibility for Marketplace subsidies.

- Unlike Marketplace subsidies, which look at an annual budget period, Medicaid eligibility is usually based on current monthly income.

Figure 2: Medicaid Eligibility Categories and Income Thresholds (FPL)
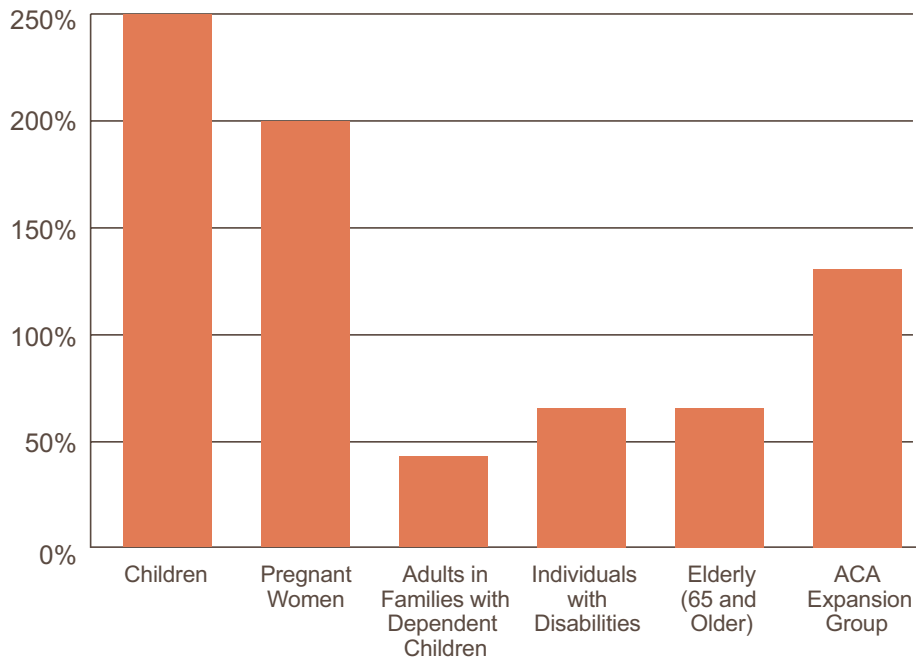

Figure created with data from Kaiser Family Foundation, Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level, (January 2022)

States may also offer limited benefit Medicaid, meaning that benefits are limited to certain services (for example, Medicaid that only covers emergency services or family planning services). Limited benefit Medicaid does not qualify as "minimum essential coverage" so recipients may be eligible to apply for other coverage options, such as subsidized Marketplace coverage.

There are six Medicaid eligibility categories (see Figure 2). For people with HIV, the disability and ACA expansion categories are the most common Medicaid coverage categories. Even in states with Medicaid expansion, individuals should be screened for eligibility based on disability because they may be entitled to a different set of benefits depending on their Medicaid eligibility category.

Medicaid Coverage Category	How It Works
Individuals with disabilities	• States generally must cover people with disabilities who also receive Supplemental Security Income (SSI) benefits. • HIV by itself does not automatically qualify someone for SSI, but HIV may be one of many factors that contribute to someone's disability. • Individuals who qualify for Social Security Disability Insurance (SSDI) automatically qualify for Medicare; however, there is a 24-month waiting period before Medicare coverage is effective. Individuals in this waiting period may qualify for Medicaid during this time period if they meet their state's Medicaid income criteria. • Many beneficiaries under 65 who are dually eligible for both Medicaid and Medicare are disabled. States offer one or more Medicare Savings Programs to assist Medicare-Medicaid dually eligible beneficiaries based on income.
Single childless adults with income up to 138% FPL (ACA expansion group)	• Many states have adopted the option to expand Medicaid to include income-based eligibility up to 138% FPL. • Some states have not yet adopted the Medicaid expansion option. • Eligibility is based on income alone and is not dependent on meeting another eligibility category (like disability).

⭐ **Learn about the Extra Help financial assistance program. See the ACE TA Center tool: Financial Help for Medicare.**

Learn more about Medicare-Medicaid dual eligibility. See the ACE TA Center tool: The Fundamentals of Medicare-Medicaid Dual Eligibility for RWHAP Clients.

Applying for and Enrolling in Medicaid

Medicaid application and enrollment processes vary by state, but generally include the following options:

- Online applications available through the state's Medicaid website
- Via phone through a state call center
- By mail or drop off of a paper application at local social services office
- Through HealthCare.gov or a state-based Marketplace

In states with Medicaid managed care, once individuals are determined eligible for Medicaid, they are provided assistance to choose and enroll in a managed care plan.

Unlike Marketplace coverage, individuals may apply for Medicaid coverage at any time during the year. Once someone is determined eligible for Medicaid, coverage is effective either on the date of application or the first day of the month of application.

Medicaid also allows retroactive coverage for up to three months, meaning that if the individual would have been eligible for Medicaid during the three-month period before they applied, benefits will be covered retroactively for that entire period.

What Medicaid Covers

Unlike RWHAP, which is not considered insurance or "minimum essential coverage," Medicaid offers comprehensive coverage, beyond just HIV services. Federal law requires Medicaid programs to cover a set of mandatory benefits, however states may choose to offer additional optional benefits. Within these broad benefit categories, Medicaid programs must ensure access to "medically necessary" care and treatment. All Medicaid programs cover the following services:

- **Prescription drugs –** Medicaid programs must cover any Food and Drug Administration (FDA) approved drug from manufacturers who participate in the Medicaid Drug Rebate Program. This means that most FDA approved drugs are covered, including antiretroviral medications. In some states, enrollees may be required to obtain prior authorization, or might have quantity limits for certain medications.

- **Primary and preventive services –** Medicaid programs must cover ambulatory care services and prevention and screening services, including lab services.

- **Specialist care –** Medicaid programs must provide access to medically necessary care for beneficiaries, including care provided by medical specialists.

- **In-patient hospitalizations –** Medicaid programs must cover in-patient hospital services.

Medicaid Managed Care

Most Medicaid programs provide benefits through Medicaid managed care plans, which operate a lot like private insurance plans. Medicaid managed care plans have provider networks and may offer additional services over and above what is required by Medicaid. At enrollment, individuals are often able to choose which Medicaid managed care plan they want to enroll in.

Want to find a link to a state's Medicaid agency?

See the Georgetown Navigator Guide.

No wrong door!

Individuals who apply for subsidies through the Marketplace will also be screened for Medicaid eligibility. If they are found to be Medicaid eligible, the online system will direct the individual to the correct application.

Medicaid Premiums and Cost Sharing

Medicaid premiums and cost sharing vary by state and by Medicaid service. The amount a person can be charged is based on income and limited by federal law. The table below shows the maximum allowable premium and cost sharing limits, though these may be lower depending on your state. In addition, the next section of this resource explains that the RWHAP may cover these expenses on behalf of clients.

Federal Medicaid Premium and Cost Sharing Limits			
	At or below 100% FPL	100-150% FPL	Over 150% FPL
Premiums	Not allowed	Not allowed	$20/month
Prescription drugs	Between $4 and $8	Between $4 and $8	Between $4 and up to 20% of state cost
Outpatient services	Up to $4	Up to 10% of state cost	Up to 20% of state cost
Limit for premiums and cost sharing per family = 5% of household income (whether Medicaid uses monthly or quarterly income varies by state)			

To see if your state charges premiums or cost sharing, and for which Medicaid population, visit this resource from the **Kaiser Family Foundation**.

How RWHAP Can Best Support Clients on Medicaid

The RWHAP supports clients enrolled in Medicaid by providing enrollment support, providing services not covered by Medicaid, and assisting clients with Medicaid cost sharing.

Medicaid Education and Application Assistance

Medicaid application and enrollment processes are generally separate from RWHAP application and enrollment processes. However, RWHAP recipients and subrecipients play an important role in screening clients for Medicaid eligibility and helping them to navigate the Medicaid application system. Similar to Marketplace enrollment, this often includes helping clients provide required documentation to complete or renew applications (at least once every 12 months). Medicaid applications can take up to 45 days to process. During that time, RWHAP can provide services that will eventually be covered by Medicaid (including ADAP drug coverage) and RWHAP may "back bill" Medicaid to recoup what the program paid during that time. Back billing is an administrative process conducted by the RWHAP recipient that usually does not affect the consumer directly.

Care Completion Services for Medicaid Beneficiaries

The RWHAP provides access to services that are not covered or only partially covered by Medicaid. Clients with Medicaid coverage may rely on the RWHAP to provide services that support retention in care and viral suppression. The services described in table below are examples of how RWHAP service categories may intersect with Medicaid coverage, but the availability and scope of services offered through both Medicaid and the RWHAP will vary by state.

Examples of How the RWHAP Complements Medicaid Coverage		
	Medicaid	**RWHAP**
Case management	Many state Medicaid programs limit provision of case management to particular provider types (e.g., nurses). Case management includes assessment and care management services to help individuals access needed medical, educational, social, and other services (and can also include tailored case management services focused on specific populations or conditions).	RWHAP provides both medical and non-medical case management, which in addition to providing assessment and care management services also include benefits counseling to assist clients to apply for and enroll in public and private programs. Many programs use a range of non-clinician providers to provide case management (particularly non-medical case management), including peers and community health workers.
Housing	Medicaid is not allowed to cover direct housing services.	RWHAP recipients and subrecipients may provide direct housing services, including transitional, short-term, or emergency housing assistance to clients.
Mental and behavioral health	Mental and behavioral health services are often covered, but many programs limit the number of visits allowed per year. Additionally, states may have limited provider networks and lengthy waiting periods for services.	RWHAP recipients and subrecipients may provide outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services as well as outpatient and residential services for the treatment of drug and alcohol use disorders.
Prescription drugs	Though Medicaid programs must cover antiretroviral treatment, some states significantly limit access, for instance through monthly limits on coverage of brand-name drugs.	RWHAP AIDS Drug Assistance Programs (ADAPs) may provide HIV medication access when there are gaps in access through Medicaid.

RWHAP May Cover Medicaid Premiums and Cost Sharing on Behalf of Clients

RWHAP funds may be used to cover Medicaid premiums and cost sharing (though this varies by jurisdiction and recipient). Co-payment assistance can help people with HIV avoid gaps in care due to missed appointments, and maintain consistent access to essential HIV medications.

For RWHAP clients who qualify for the "Medically Needy" category, it is important to note that federally funded programs, including the RWHAP, cannot be used to meet an individual's spenddown (i.e., federal RWHAP funds used to pay for a client's medical services while a person is spending down income to meet Medicaid income eligibility will not be counted as qualified expenses). Some states are able to allocate state and local funds to allow RWHAP to assist clients to meet spenddown requirements, but the ability to do this varies by state. RWHAP recipients are strongly urged to assess their state policies when it comes to assisting clients with their spenddown.

> **Key Terms**
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> Some states may have a "**Medically Needy**" or "**spenddown**" option for certain Medicaid groups (i.e., individuals qualifying based on age and disability, children, and pregnant women).
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> Medically needy programs allow individuals to use medical expenses they incur to reduce, or spend down, their income to qualify for Medicaid. Medically Needy programs vary by state. This allows individuals, whose income is too high to qualify for Medicaid in their state, to deduct their qualified medical expenses accrued while they are uninsured from their income so they can spend down to the Medicaid income threshold.

Medicaid Resources for RWHAP Recipients

- **Kaiser Family Foundation State Health Facts** includes state-by-state information on every Medicaid program, including eligibility requirements, services provided, and status of Medicaid expansion.

- **HAB Policy Clarification Notice (PCN) #13-01** - Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by the Ryan White HIV/AIDS Program

- **HAB Policy Clarification Notice (PCN) #18-01**- Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance, including for Medicaid costs.

- **Georgetown, Navigator Guide**, provides answers to frequently asked questions (FAQs) about Medicaid and Marketplace eligibility and enrollment.

- **Medicaid and CHIP Payment and Access Commission (MACPAC) Medicaid 101: Eligibility** describes the different categories of Medicaid eligibility.