What You Need to Know About Medicare and Marketplace: Enrollment Considerations for 2024

Access, Care, and Engagement (ACE) TA Center

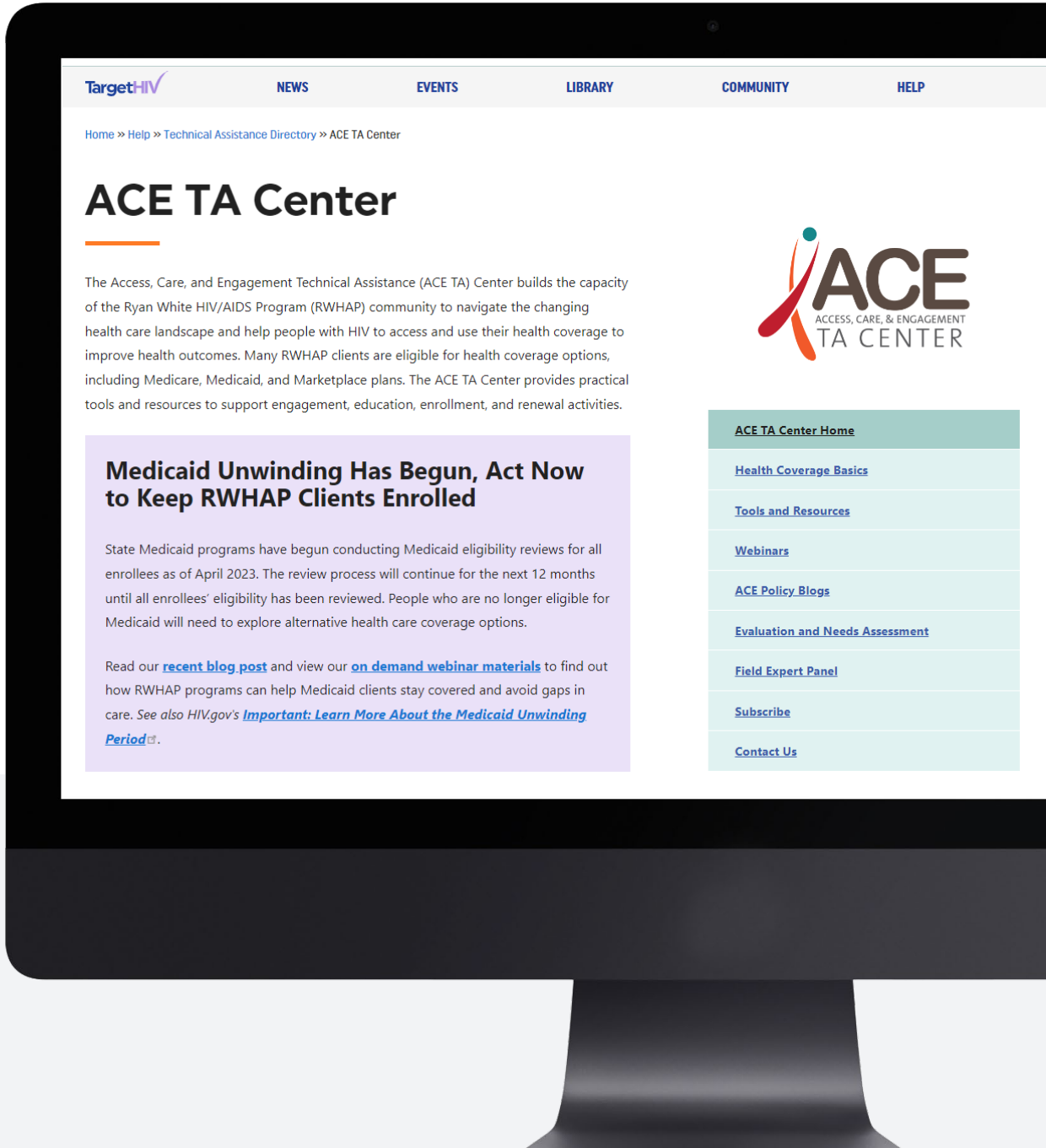
October 17, 2023

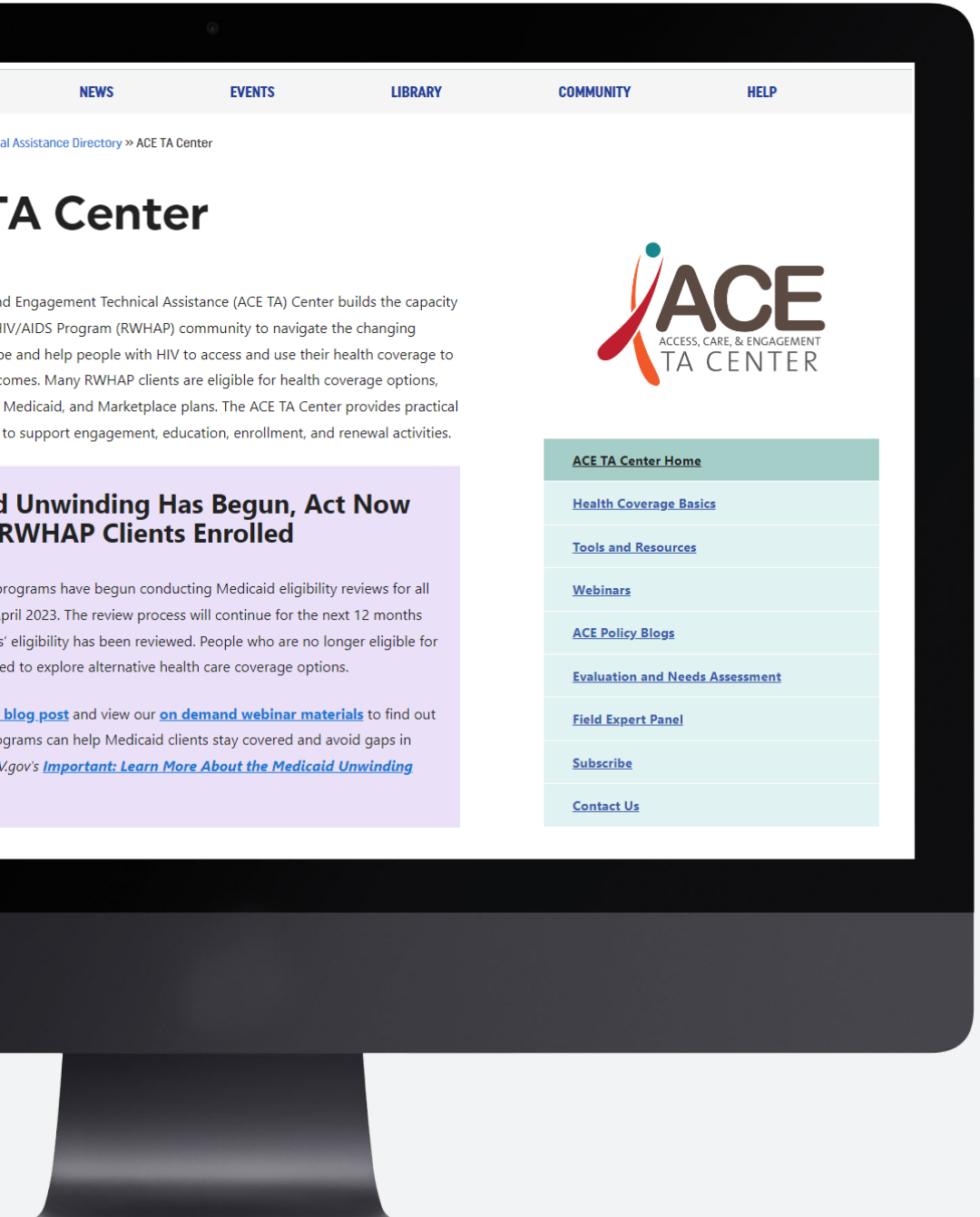
How to ask questions

Attendees are in **listen-only mode**.

To ask a question, **use the chat box** at the lower-right of your screen to chat with the presenter.

You may also **email questions** to acetacenter@jsi.com after the webinar.





Can you hear us?

The audio is being shared via your computer speakers/headset.

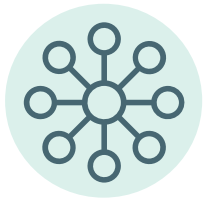
If you can't hear the audio, make sure your computer audio is turned on.

If you're still having problems, please chat the host.

Call-In number: 646-558-8656
Webinar ID: 918 1711 7798
Password: 543996

The ACE TA Center

helps organizations



Engage, enroll, and retain
clients in health coverage (e.g., Marketplace and other private health insurance, Medicare, Medicaid).

Communicate with Ryan White HIV/AIDS Program (RWHAP) clients
about how to stay enrolled and use health coverage to improve health care access, including through the use of Treatment as Prevention principles.

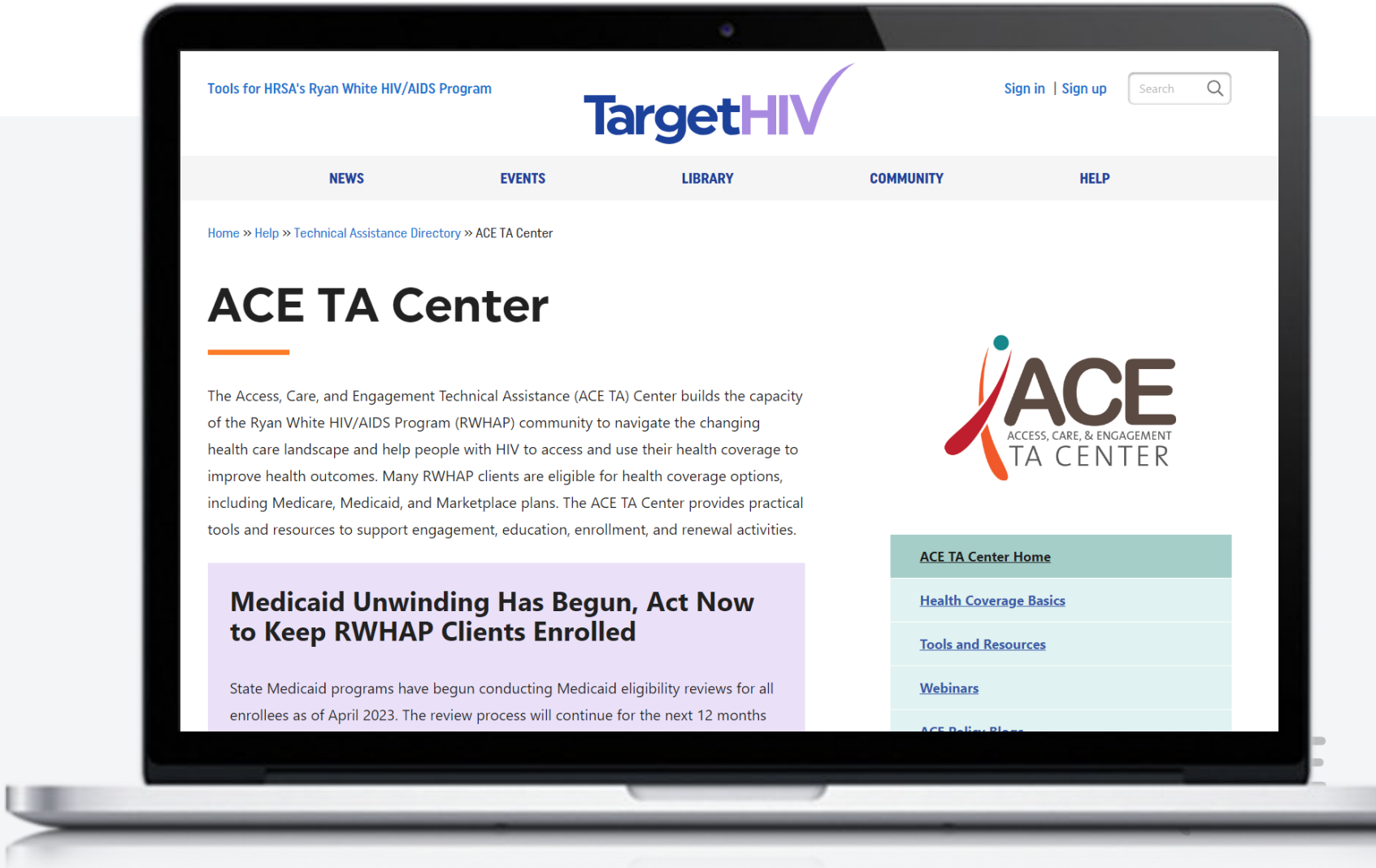
Improve the clarity
of their communication around health care access and health insurance.

Audiences

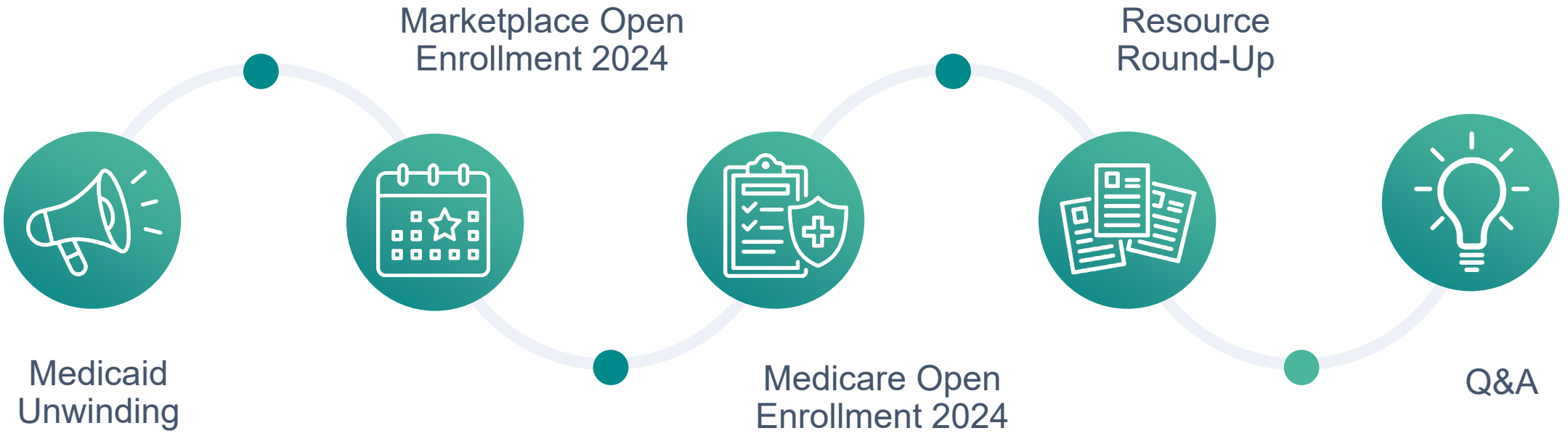
- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators, State Health Insurance Assistance Programs (SHIP) counselors and other in-person assisters that help enroll RWHAP clients in health coverage

Visit us at

targethiv.org/ace



Roadmap

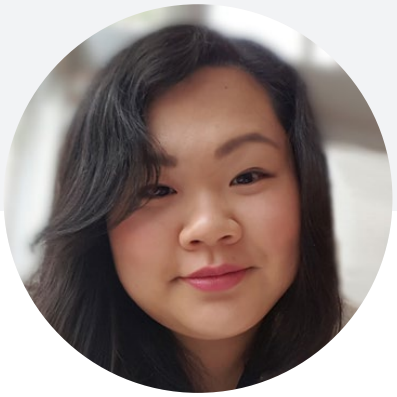

Medicaid Unwinding
Marketplace Open Enrollment 2024
Medicare Open Enrollment 2024
Resource Round-Up
Q&A

Presenters

Molly Tasso

Project Director,
ACE TA Center

Christine Luong



Research and
Policy Associate,
ACE TA Center

Amy Killelea

Independent
Consultant,
Killelea Consulting

Anne Callachan

BRIDGE Team
Project Manager,
AccessHealth MA

Health Coverage for RWHAP Clients in the Context of the Medicaid Unwinding

JSI

ACE TA CENTER

Medicaid Unwinding:

How did we get here?

- In response to the COVID-19 pandemic, states were required to keep individuals on Medicaid continuously enrolled (aka the continuous coverage requirement).
- The Medicaid continuous coverage requirement ended on March 31, 2023.
- Medicaid coverage terminations began on April 1, 2023 for individuals no longer eligible for the program.
- States have 12 months to redetermine eligibility for enrollees and return to normal renewal operations.

Medicaid Unwinding:
What the data are telling us

Unwinding Timelines	
Effective Date of First Anticipated Medicaid Terminations	**States**
April 2023	ID, NH, OK, SD
May 2023	AZ, AR, CT, FL, IN, IA, KS, NE, NM, OH, PA, UT, WV, WY
June 2023	AL, AK, CO, DE, DC, GA, HI, KY, ME, MD, MA, MT, NV, ND, RI, SC, TN, TX, VT, VA, WA
July 2023	CA, IL, LA, MI, MN, MS, MO, NJ, NY, NC, WI
October 2023	OR

Medicaid Unwinding:

Why is it important?

- A large proportion of enrollees are losing Medicaid coverage for procedural reasons, meaning they may still be eligible for Medicaid but their coverage is terminated because they failed to complete documentation.
- State Medicaid programs are struggling to keep pace with renewal processing, with growing backlogs of applications.
- Some states are not using available tools to reduce the burden on enrollees, such as *ex parte* renewals which allow states to redetermine eligibility using existing data sources, rather than relying on enrollee follow-up.

ACE
ACCESS, CARE, & ENGAGEMENT

Poll #1

Which of these emojis reflect how you are feeling about the Medicaid Unwinding?

- **(^_^)** - smiley face
- **(=_=)** - tired face
- **(>_<)** - frustrated face
- **(°_°>)** - confused face

Poll #2

What is your organization's top challenge related to the Medicaid Unwinding?

- Identifying RWHAP clients losing Medicaid coverage
- Building staff capacity to support client transitions in care
- Determining client eligibility for other coverage options
- Something else (tell us in the chat)

How to Support Clients Through the Unwinding Process

1. Understand your state's process for Medicaid renewals
2. Conduct outreach to clients and support enrollment into other coverage options
3. Prepare for a possible RWHAP including RWHAP Part B AIDS Drug Assistance Program (ADAP) enrollment surge
4. Educate broader enrollment networks about the RWHAP

Medicaid Unwinding:

Renewing, re-enrolling, or transitioning

Scenario	What should the client do?
1. Client is still eligible for Medicaid and their coverage is renewed	No action needed
2. Client is still eligible for Medicaid but improperly disenrolled from Medicaid coverage	Client should appeal the erroneous termination
3. Client is no longer eligible for Medicaid and was (or will soon be) terminated from the program	Client should transition to another form of coverage, such as: • Marketplace • Medicare • Employer-sponsored insurance • Children's Health Insurance Program (CHIP)
4. Client is still eligible for Medicaid and newly eligible for Medicare as well	Client should enroll into Medicare as well as a Medicare Savings Program or Extra Help if eligible
5. Client was eligible for both Medicaid and Medicare but is (or will soon be) losing Medicaid	Client should consider making changes to their Medicare coverage to ensure affordability

Poll #3

What coverage types are your clients most likely to transition to?

- Medicaid to Marketplace
- Medicaid to Medicare
- Medicaid to employer-sponsored insurance (ESI)
- Medicaid to another coverage type (tell us in the chat)

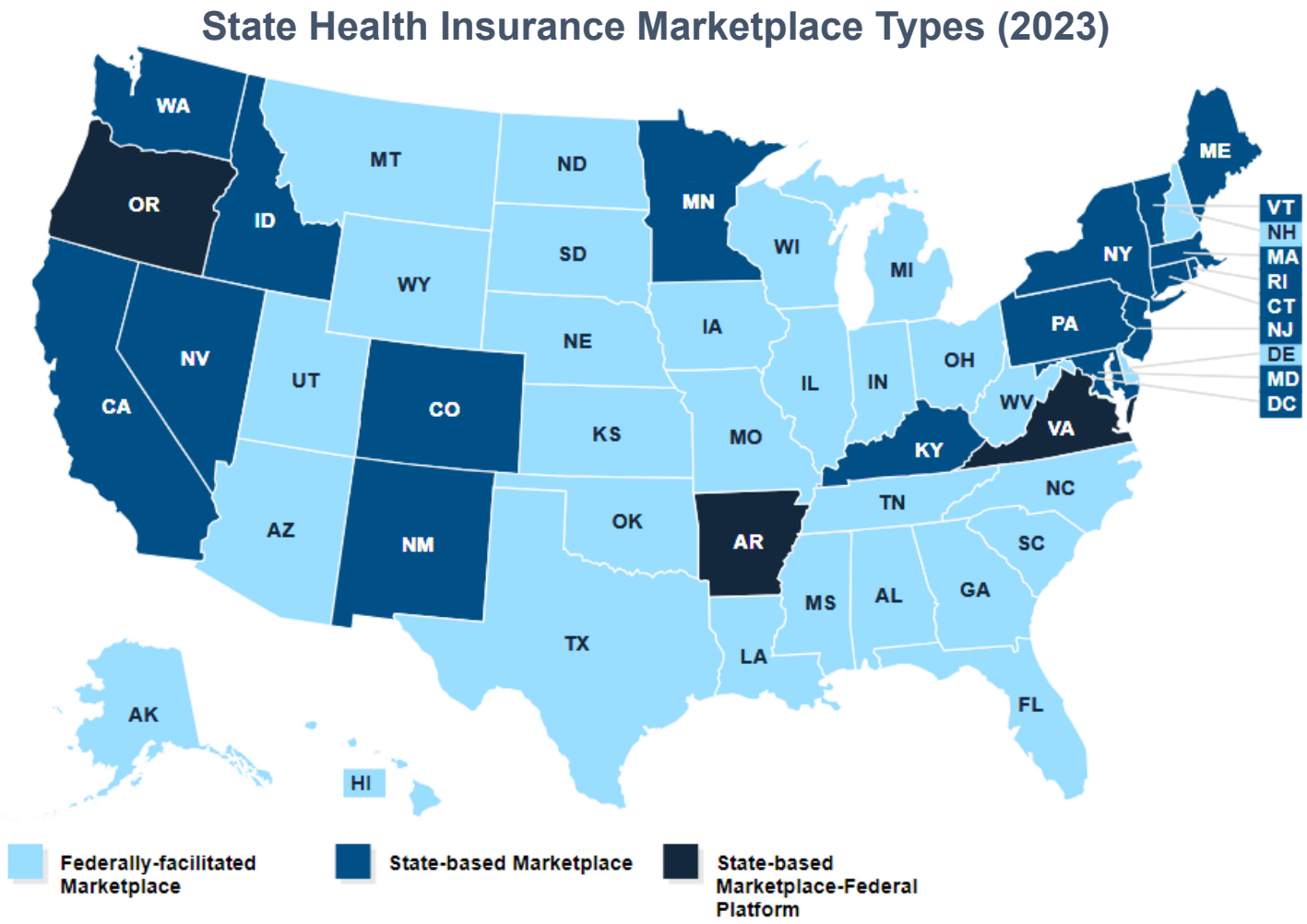
The RWHAP:
A Safety Net

- Regardless of insurance status, RWHAP clients can receive support for medications and medical coverage, including health insurance premiums and cost sharing assistance.
  - See Health Resource and Services Administration HIV/AIDS Bureau (HRSA HAB) Policy Clarification Notice (PCN) #18-01
- The RWHAP, including ADAP, can support clients during gaps in coverage, to minimize issues with medication adherence

Marketplace Open Enrollment 2024

Marketplace: What is it?

- A virtual shopping and enrollment platform (aka an “exchange”) for medical insurance
- There are three types of Marketplace platforms:
  - Federally-facilitated Marketplace (HealthCare.gov)
  - State-based Marketplaces
  - Joint state-based/federally-facilitated Marketplaces



Source: “State Health Insurance Marketplace Types,” KFF State Health Facts, 2023. https://www.kff.org/health-reform/state-indicator/state-health-insurance-marketplace-types

Marketplace:
What is it? (cont.)

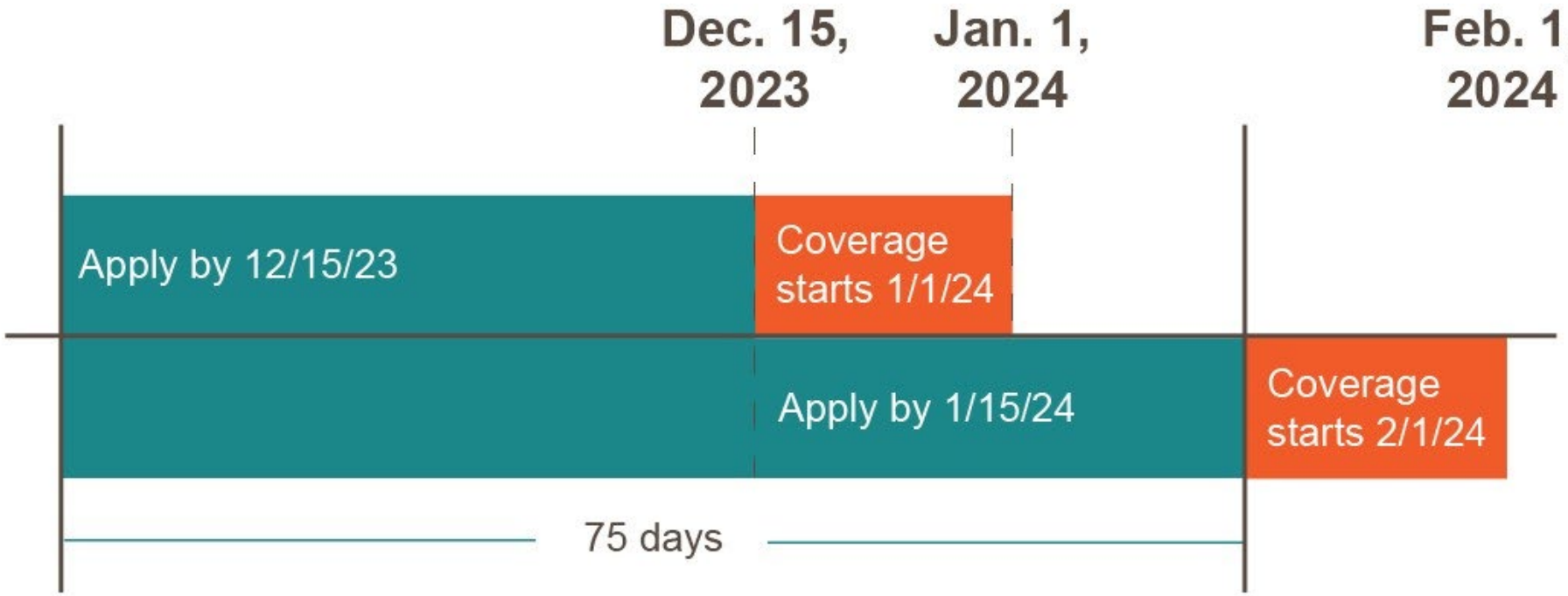
- All Marketplaces offer Qualified Health Plans (QHPs) that cover 10 essential health benefits required by law
- The Marketplace offers financial assistance to eligible individuals in the form of Premium Tax Credits or Cost-Sharing Reductions
- Premium Tax Credits (PTCs):
  - A tax credit used to lower monthly premium payments
  - Available to individuals with household income starting at 100% FPL
  - Can be provided up front in the form of an Advanced Premium Tax Credit (APTC)
- Cost-Sharing Reductions (CSRs):
  - A discount that lowers the amount individuals have to pay for deductibles, copayments, and coinsurance
  - Automatically calculated and applied during the application process

ACE
ACCESS, CARE, & ENGAGEMENT

Marketplace:
Who's eligible?

- To be eligible to enroll into health coverage through the Marketplace, individuals:
  - ✓ Must live in the United States
  - ✓ Must be a U.S. citizen or national (or be lawfully present)
  - ✓ Cannot be incarcerated

Marketplace Open Enrollment 2024



Open Enrollment Begins Nov. 1, 2023

Open Enrollment Ends Jan. 15, 2024

Coverage for clients who enroll between November 1 and December 15 will begin January 1, 2024. Coverage for clients who enroll between December 16 and January 15 will begin February 1, 2024.

Note: Marketplace OE dates for SBMs may vary.

Marketplace:
What to watch for in 2024

- **Special Enrollment Periods (SEPs)**
  - **Low Income SEP** for individuals who qualify for APTCs and have incomes at or below 150% FPL (ongoing, monthly SEP)
  - **Unwinding SEP** for individuals who lose Medicaid or CHIP coverage between March 31, 2023 and July 31, 2024
    - Can apply up to 60 days before losing coverage
    - Must select plan within 60 days of beginning application

Marketplace:
What to watch for in 2024 (cont.)

- **New! Loss of Medicaid/CHIP SEP:** Starting in January 2024, individuals who lose Medicaid or CHIP coverage now have 90 days (instead of 60 days) to enroll in a Marketplace plan.
- **New! Gap eliminated between loss of coverage and new plan effective date:** Starting in January 2024, Marketplaces are allowed to make coverage effective on the first day of the month in which the triggering event occurs (e.g., if someone attests that they will lose Medicaid on Aug. 15 and they pick a plan by Jul. 31, the QHP effective date will be Aug. 1)

Marketplace:
What to watch for in 2024 (cont.)

- **Marketplace Subsidies**
  - Enhanced **premium subsidies** are extended through 2025. Millions of people will remain eligible for $0 (or very low cost) plans.
  - The **“subsidy cliff”** is eliminated through 2025.
    - Individuals with incomes over 400% will not have to pay more than 8.5% of their income for a silver plan premium.
  - Individuals can’t be denied APTCs unless they have failed to reconcile APTCs (by filing federal taxes) for two consecutive years.

What your program can do now to get ready for Marketplace Open Enrollment

1. **Conduct training and build enrollment staff capacity**
   - ✓ Build staff health insurance literacy
   - ✓ Focus on specific plan considerations for people with HIV
   - ✓ Consider getting staff trained as Certified Application Counselors (CACs)
2. **Build enrollment partnerships, if needed**
   - ✓ Identify and establish partnerships with health insurance agents, brokers, Navigators, CACs, and other enrollment assisters in your community
   - ✓ Make sure partners are aware of how the RWHAP, including ADAP, supports clients with HIV

ACE
ACCESS, CARE, & ENGAGEMENT

What your program can do now to get ready for Marketplace Open Enrollment (cont.)

3. **Conduct Account Tune-Ups**
   - ✓ Check paperwork, accounts, and payments
   - ✓ Review finances, particularly for clients who received APTCs
   - ✓ Confirm RWHAP/ADAP enrollment, and recertify early if client certification is due during the Marketplace Open Enrollment period
   - ✓ Help clients prepare for enrollment by identifying their coverage priorities
4. **Assess health plans and conduct client outreach**
   - ✓ For RWHAP recipients purchasing insurance, assess all plan options including off-Marketplace plans. Consider using a third-party to do a plan assessment.
   - ✓ For RWHAP-funded direct service providers, check with ADAP and/or other RWHAP insurance purchasing programs on plan options available to clients.

ACE
ACCESS, CARE, & ENGAGEMENT

Transitioning from Medicaid to Marketplace: Considerations and Best Practices

- **If your client has already been disenrolled from Medicaid coverage:**
  - Minimize gaps in coverage by taking advantage of the Unwinding SEP or other Marketplace SEP
- **Key Messages for Clients**
  - Marketplace coverage can look very different compared to Medicaid.
  - You may be paying a premium for the first time, and you will need to budget for out-of-pocket costs such as co-pays, deductibles, and coinsurance.
  - If you receive an APTC, you have to make sure to file your taxes next year to reconcile the APTC amount you received.

Poll #4

What specific tips are you finding useful in transitioning clients from Medicaid to Marketplace? Tell us in the chat!

Medicare Open Enrollment 2024

Medicare: What is it?

Medicare is a federal health insurance program that provides coverage in the form of various Medicare Parts.

Medicare Part A Hospital Coverage

Covers:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health care

Medicare Part B Medical Coverage

Covers:

- Services from doctors and other health care providers
- Preventive services
- Outpatient care
- Medications administered by a physician
- Home health care
- Durable medical equipment

Medicare Part D Prescription Drug Coverage

Covers:

- Cost of outpatient prescription drugs, including all HIV antiretroviral medications

Medicare:
Comparing coverage and costs

- Shop and compare Original Medicare and Medicare Advantage Plans at www.medicare.gov
- The RWHAP, including ADAP, may help pay for Medicare premiums, deductibles, and copayments.

Original Medicare (Parts A and B)	Medicare Advantage (also called Part C)
Includes: ▪ Part A (hospital insurance) ▪ Part B (medical insurance)	**Includes:** ▪ Part A (hospital insurance) ▪ Part B (medical insurance)
Clients can purchase: ❑ Part D (prescription drug coverage) ❑ Supplemental coverage to help pay out-of-pocket costs—such as a Medicare Supplement Insurance (Medigap) policy	**Most plans include:** ▪ Part D (prescription drug coverage) **Some plans also include:** ❑ Lower out-of-pocket costs ❑ Extra benefits
Plans adminstered by: ▪ The federal government	**Plans adminstered by:** ▪ Private insurance companies that contract with the government

Medicare:
Who's eligible?

- To enroll in Medicare, an individual must be a U.S. citizen or a legal resident for at least five years (with some exceptions).
- **Three potential pathways:**
  - Age 65 or older
  - Under 65 with a qualifying disability*
  - Have End Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS, also known as Lou Gehrig's disease)

*Note: HIV on its own is not considered a qualifying disability for the purposes of Medicare eligibility.

Medicare:
Enrollment periods for newly eligible individuals

Event-Based Enrollment Periods

- ***Initial Enrollment Period (IEP)***
  - For people turning 65 who are newly eligible for Medicare
- ***Special Enrollment Period (SEP)***
  - For people who experience certain life events, such as moving, losing or changing coverage, etc.
- ***Auto-Enrollment Due to Disability***
  - For people under 65 who have received Social Security Disability Insurance (SSDI) payments for 24+ months
- ***Auto-Enrollment Due to Retirement***
  - For people between 62 and 65 who claim Social Security retirement benefits

Date-Based Enrollment Periods

- ***General Enrollment Period (Jan 1 – Mar 31)***
  - For people who missed their IEP, don't qualify for an SEP, and want to enroll in Part B

Medicare:
Enrollment periods to make coverage changes

Event-Based Enrollment Periods

- ***Special Enrollment Period (SEP)***
  - For people who experience certain life events, such as moving, losing or changing coverage, etc.

Date-Based Enrollment Periods

- ***Open Enrollment Period (Oct 15 – Dec 7)***
  - For people with existing Medicare coverage who want to make changes to their Original Medicare or Medicare Advantage plans
- ***Medicare Advantage Open Enrollment Period (Jan 1 – Mar 31)***
  - For people with an existing Medicare Advantage plan who want to make changes to their coverage

Medicare:
What's new for 2024

- **Special Enrollment Period (SEP)** for individuals who missed their Medicare enrollment period
  - This SEP lasts for 6 months from either the date the individual is no longer eligible for Medicaid or notified that they are no longer eligible, whichever is later.
  - If an individual enrolled into Medicare during the Public Health Emergency (PHE) prior to Jan. 1, 2023 and paid late enrollment fees, they are eligible to have those fees reimbursed if they are otherwise eligible for this SEP.

Medicare:
What's new for 2024 (cont.)

- **Extra Help Expansion**
  - Beginning Jan. 1, 2024, the Extra Help program is expanding the full subsidy to all eligible individuals with incomes below 150% FPL.
  - Individuals eligible for Extra Help are entitled to Part D plans with no premiums or deductibles, and modest co-pay amounts
- **Don't forget!**
  - Insulin is now available in Part D plans without a deductible for $35 per month.
  - Vaccines recommended by the Advisory Committee on Immunization Practices are available without cost-sharing.

ACE
ACCESS, CARE, & ENGAGEMENT

Transitioning from Medicaid to Medicare: Considerations and Best Practices

- If your client became Medicare-eligible during the PHE but did not enroll because they had Medicaid coverage:
  - Enroll via the 6 month SEP for loss of Medicaid coverage, or via the GEP from Jan 1 – Mar 31
  - Late enrollment penalties are waived
- If your client will soon become eligible for Medicare and will soon be (or are already have been) terminated from Medicaid coverage:
  - Minimize gaps in coverage by leveraging the RWHAP/ADAP
  - Ensure that your client enrolls in Medicare during their IEP (ideally during the first 3 months) so that coverage begins when they turn 65

ACE
ACCESS, CARE, & ENGAGEMENT

Poll #5

What specific tips are you finding useful in transitioning clients from Medicaid to Medicare? Tell us in the chat!

Becoming Dually Eligible:
Key Considerations

- People who remain Medicaid eligible but also became eligible for Medicare during the PHE (since March 2020) are now newly dually eligible.
- Enroll in the Medicare Parts you are eligible for to avoid late enrollment penalties.
- Watch out for mail from your state Medicaid program and respond to renewals and requests for information.
- You will likely need to be re-screened for Medicaid, Medicare Savings Program, and Extra Help eligibility, which help with Medicare costs.
- It is possible to lose Medicaid eligibility but still remain eligible for MSPs.

ACE
ACCESS, CARE, & ENGAGEMENT

Losing Dually Eligibility:
Key Considerations

- People who had both Medicare and Medicaid before the continuous coverage requirement ended and who are now no longer eligible for Medicaid may also lose their eligibility for MSPs.
- Loss of both programs means you are no longer dually eligible and your out-of-pocket Medicare costs will increase.
- Consider enrolling in a Medicare Advantage or Medigap plan 3 months from the date your state notifies you that your Medicaid coverage is ending, or the date your Medicaid coverage ends, whichever is later.
- You can also change your Medicare coverage during the Oct 15 – Dec 7 Medicare Open Enrollment period for changes effective Jan 1.

ACE
ACCESS, CARE, & ENGAGEMENT

Best practices to support Medicare enrollment

- ✔ Ensure continuity of coverage
- ✔ Actively enroll
- ✔ Avoid penalties
- ✔ Provide one-on-one enrollment support

BEST PRACTICE #1:

Ensure continuity of coverage

- Confirm with clients that their current providers accept Medicare: medicare.gov/care-compare
- Help clients compare Medicare drug plans in their area and choose one that covers their HIV medications and other non-HIV medications: medicare.gov/plan-compare/
- **Reminder**: The RWHAP, including ADAP, may help pay for Medicare premiums, deductibles, and copayments.

BEST PRACTICE #2:
Actively enroll

- For clients who choose:
  - Original Medicare (Parts A and B)
    → enroll through Social Security
  - Medicare Advantage, Medicare Part D (Drug Plan), or Medigap
    → enroll through Medicare.gov
- Only a small subset of people are automatically enrolled in Medicare:
  - People already receiving Social Security retirement benefits
  - People receiving 24+ months of Social Security Disability Insurance (SSDI) benefits
  - People with ESRD or ALS

BEST PRACTICE #3:
Avoid penalties

- Help clients enroll as soon as they are eligible to avoid late enrollment penalties and minimize gaps in coverage.
- Create Electronic Health Record (EHR) reminders or ask medical case managers to flag clients who:
  - Are approaching their 65th birthday
  - Will be receiving their 25th month of SSDI benefits

State Health Insurance Assistance Programs (SHIP)

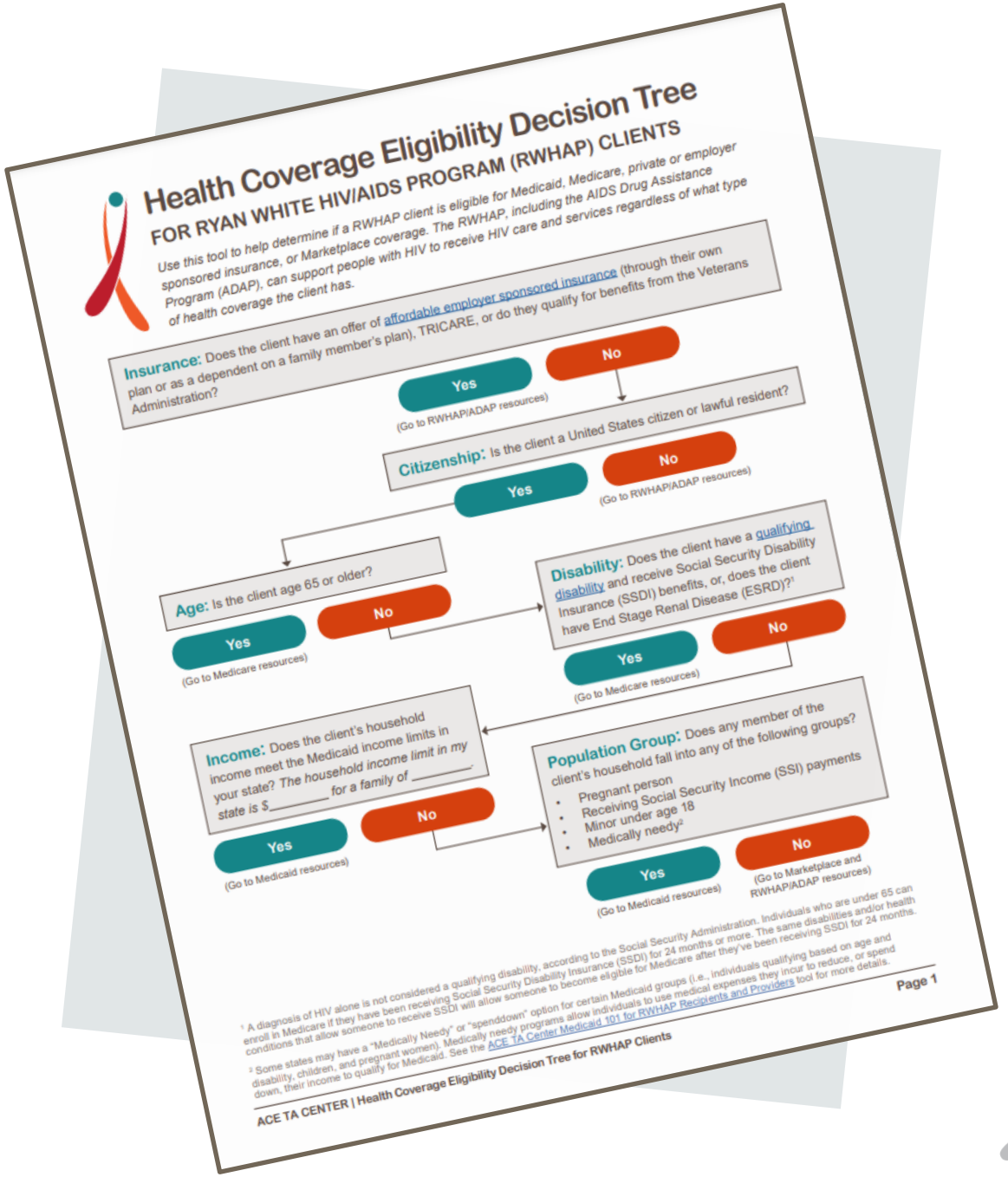
- State-based programs that provide **local and objective insurance counseling** and assistance to Medicare-eligible individuals, their families, and caregivers.
  - Review health or drug plan options
  - Explore financial assistance options
  - Explain how Medicare works with other types of health coverage
  - Help with complex issues such as dual eligibility for Medicaid and Medicare and eligibility for MSPs

Train RWHAP staff as SHIP counselors

- **RWHAP and ADAP program staff are ideal SHIP counselors.**
  - They understand the eligibility requirements for both programs, the coverage needs of people with HIV, and state-specific programs.
- Training programs and certification requirements may vary by state.
  - Individual SHIP counselors must be associated with a SHIP-certified organization.
- Find your local SHIP: shiphelp.org/about-medicare/regional-ship-location

Resource Round-Up

ACE TA Center: Eligibility Decision Tree



Health Coverage Eligibility Decision Tree

FOR RYAN WHITE HIV/AIDS PROGRAM (RWHAP) CLIENTS

Use this tool to help determine if a RWHAP client is eligible for Medicaid, Medicare, private or employer sponsored insurance, or Marketplace coverage. The RWHAP, including the AIDS Drug Assistance Program (ADAP), can support people with HIV to receive HIV care and services regardless of what type of health coverage the client has.

Insurance: Does the client have an offer of affordable employer sponsored insurance (through their own plan or as a dependent on a family member's plan), TRICARE, or do they qualify for benefits from the Veterans Administration?

- Yes (Go to RWHAP/ADAP resources)
- No

Citizenship: Is the client a United States citizen or lawful resident?

- Yes
- No (Go to RWHAP/ADAP resources)

Age: Is the client age 65 or older?

- Yes (Go to Medicare resources)
- No

Disability: Does the client have a qualifying disability and receive Social Security Disability Insurance (SSDI) benefits, or, does the client have End Stage Renal Disease (ESRD)?[1]

- Yes (Go to Medicare resources)
- No

Income: Does the client's household income meet the Medicaid income limits in your state? The household income limit in my state is $_____ for a family of _____.

- Yes (Go to Medicaid resources)
- No

Population Group: Does any member of the client's household fall into any of the following groups?

- Pregnant person
- Receiving Social Security Income (SSI) payments
- Minor under age 18
- Medically needy[2]

- Yes (Go to Medicaid resources)
- No (Go to Marketplace and RWHAP/ADAP resources)

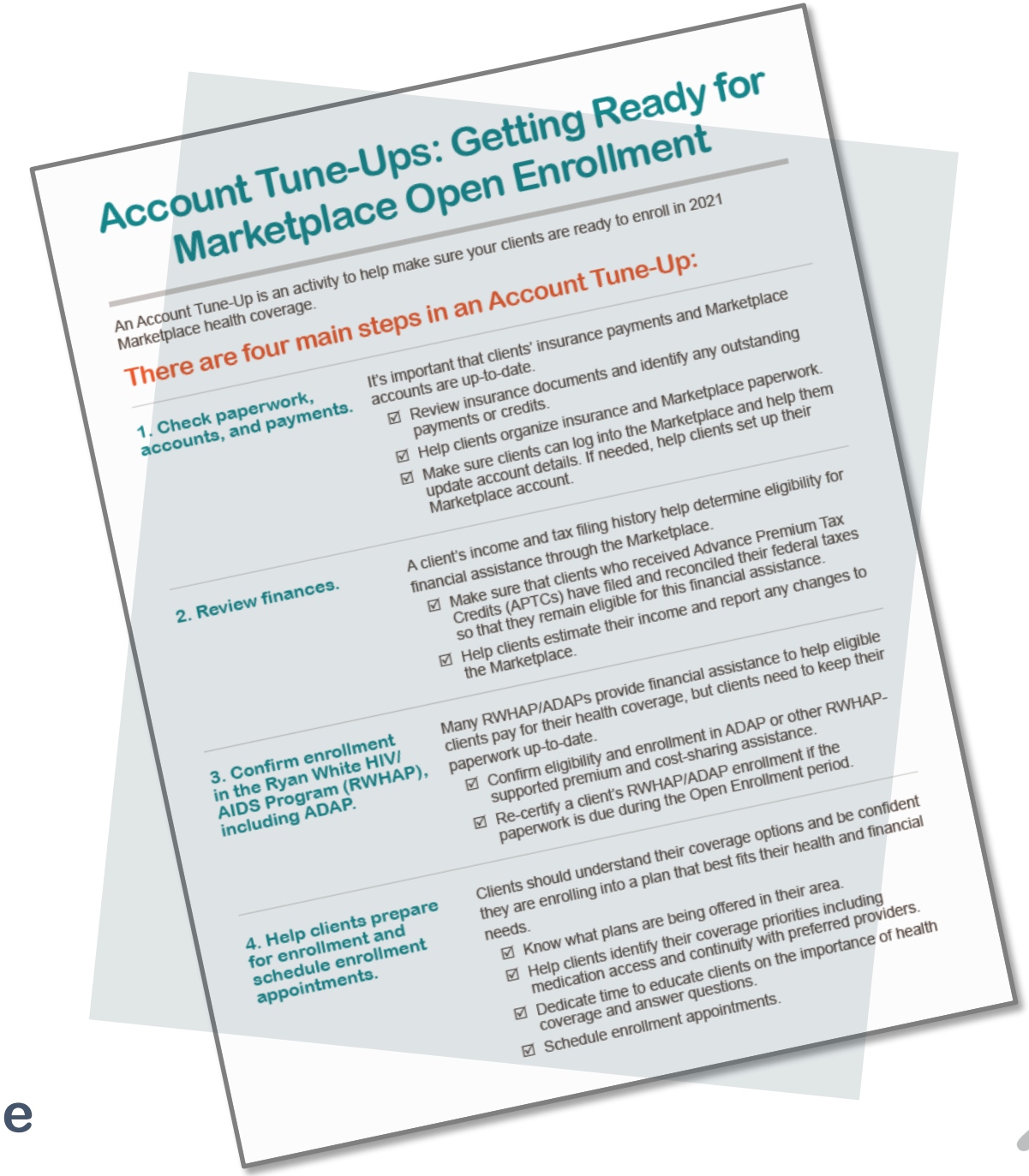
[1] A diagnosis of HIV alone is not considered a qualifying disability, according to the Social Security Administration. Individuals who are under 65 can enroll in Medicare if they have been receiving Social Security Disability Insurance (SSDI) for 24 months or more. The same disabilities and/or health conditions that allow someone to receive SSDI will allow someone to become eligible for Medicare after they've been receiving SSDI for 24 months.

[2] 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). Medically needy programs allow individuals to use medical expenses they incur to reduce, or spend down, their income to qualify for Medicaid. See the ACE TA Center Medicaid 101 for RWHAP Recipients and Providers tool for more details.

targethiv.org/ace/health-coverage-basics

ACE
ACCESS, CARE, & ENGAGEMENT

ACE TA Center: Account Tune-Ups Tool



Account Tune-Ups: Getting Ready for Marketplace Open Enrollment

An Account Tune-Up is an activity to help make sure your clients are ready to enroll in 2021 Marketplace health coverage.

There are four main steps in an Account Tune-Up:

1. Check paperwork, accounts, and payments.

It's important that clients' insurance payments and Marketplace accounts are up-to-date.

- ☑ Review insurance documents and identify any outstanding payments or credits.
- ☑ Help clients organize insurance and Marketplace paperwork.
- ☑ Make sure clients can log into the Marketplace and help them update account details. If needed, help clients set up their Marketplace account.

2. Review finances.

A client's income and tax filing history help determine eligibility for financial assistance through the Marketplace.

- ☑ Make sure that clients who received Advance Premium Tax Credits (APTCs) have filed and reconciled their federal taxes so that they remain eligible for this financial assistance.
- ☑ Help clients estimate their income and report any changes to the Marketplace.

3. Confirm enrollment in the Ryan White HIV/AIDS Program (RWHAP), including ADAP.

Many RWHAP/ADAPs provide financial assistance to help eligible clients pay for their health coverage, but clients need to keep their paperwork up-to-date.

- ☑ Confirm eligibility and enrollment in ADAP or other RWHAP-supported premium and cost-sharing assistance.
- ☑ Re-certify a client's RWHAP/ADAP enrollment if the paperwork is due during the Open Enrollment period.

4. Help clients prepare for enrollment and schedule enrollment appointments.

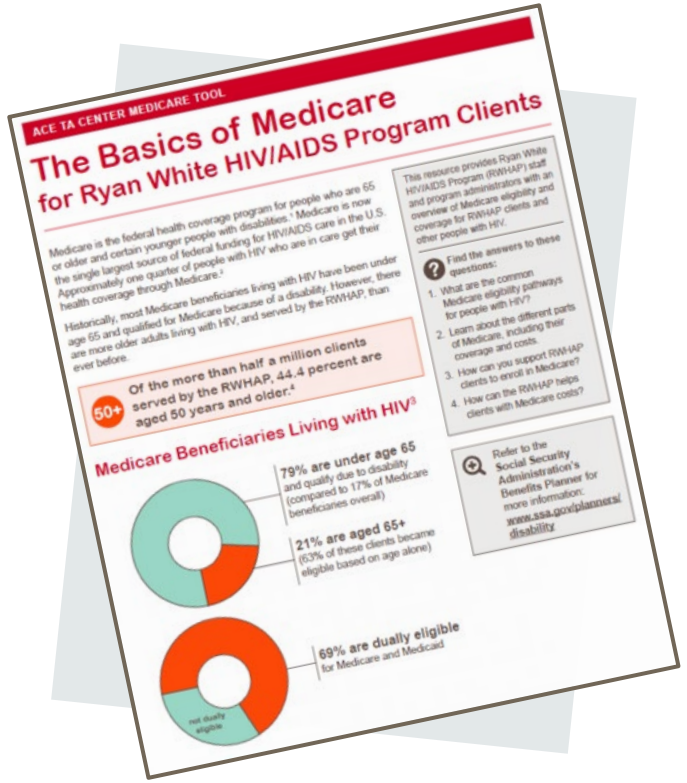
Clients should understand their coverage options and be confident they are enrolling into a plan that best fits their health and financial needs.

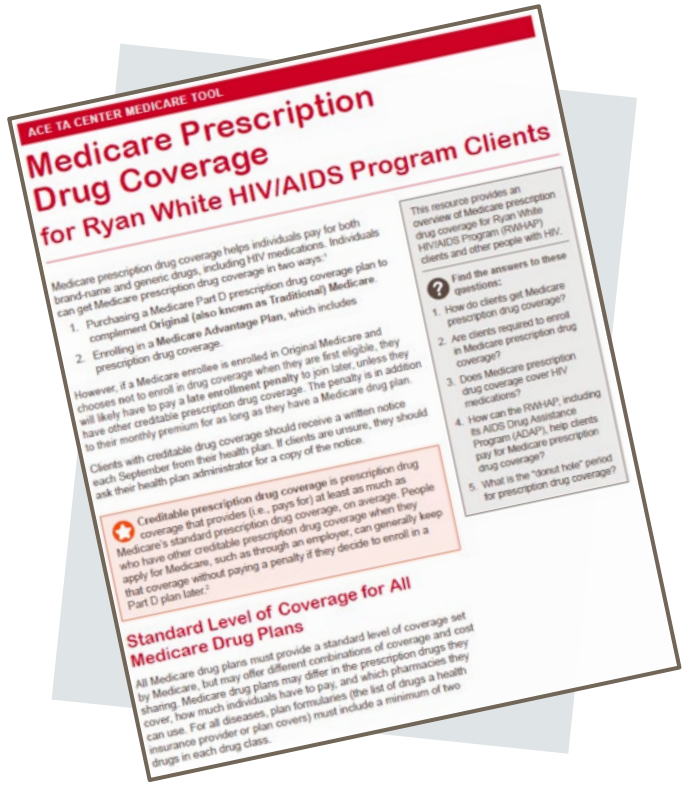
- ☑ Know what plans are being offered in their area.
- ☑ Help clients identify their coverage priorities including medication access and continuity with preferred providers.
- ☑ Dedicate time to educate clients on the importance of health coverage and answer questions.
- ☑ Schedule enrollment appointments.

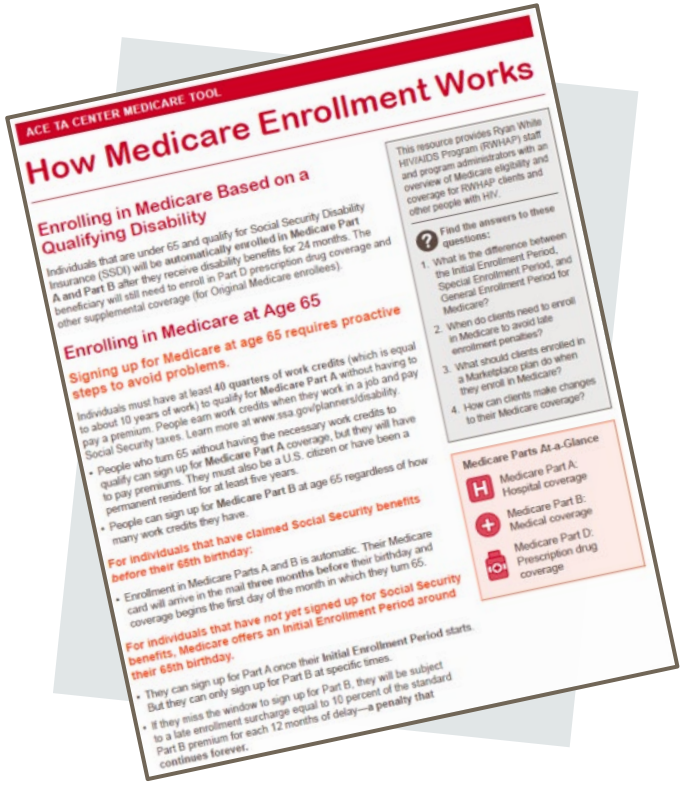
targethiv.org/ace/marketplace

ACE
ACCESS, CARE, & ENGAGEMENT

ACE TA Center: Medicare Resources

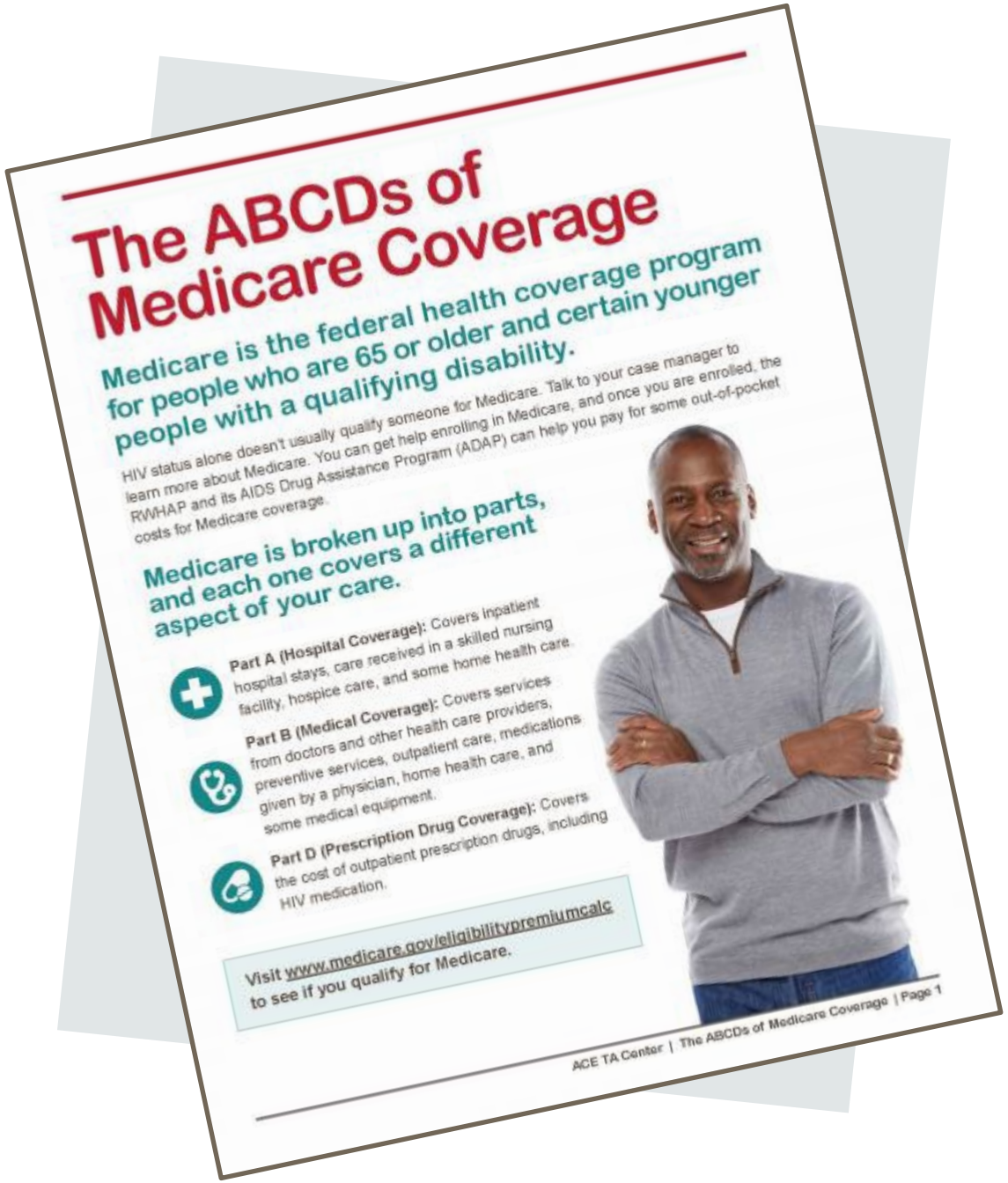






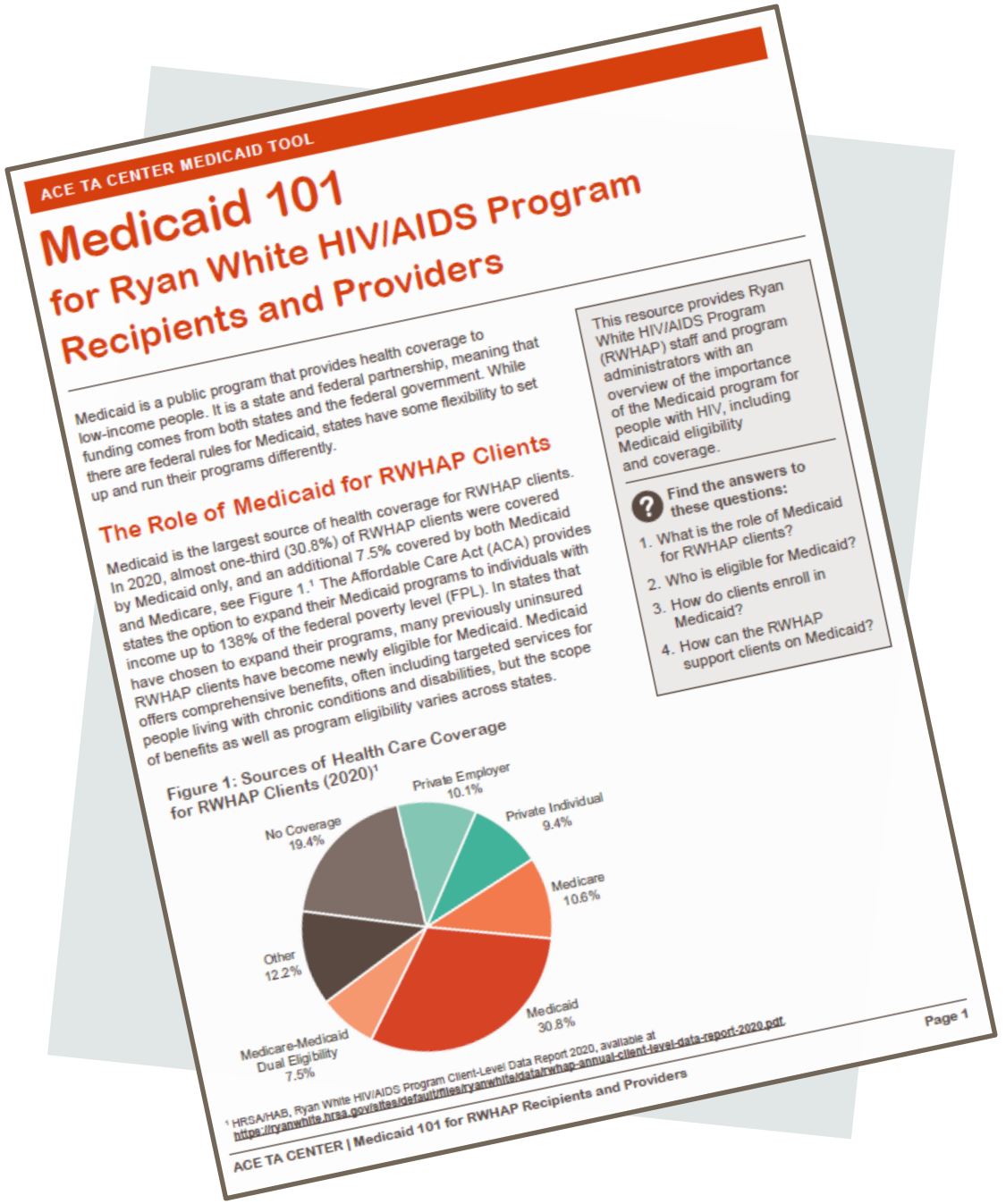
targethiv.org/ace/medicare

ACE TA Center: Medicare Resource for Clients



targethiv.org/ace/medicare

ACE TA Center: Medicaid Resource



ACE TA CENTER MEDICAID TOOL

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.

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?

The Role of Medicaid for RWHAP Clients

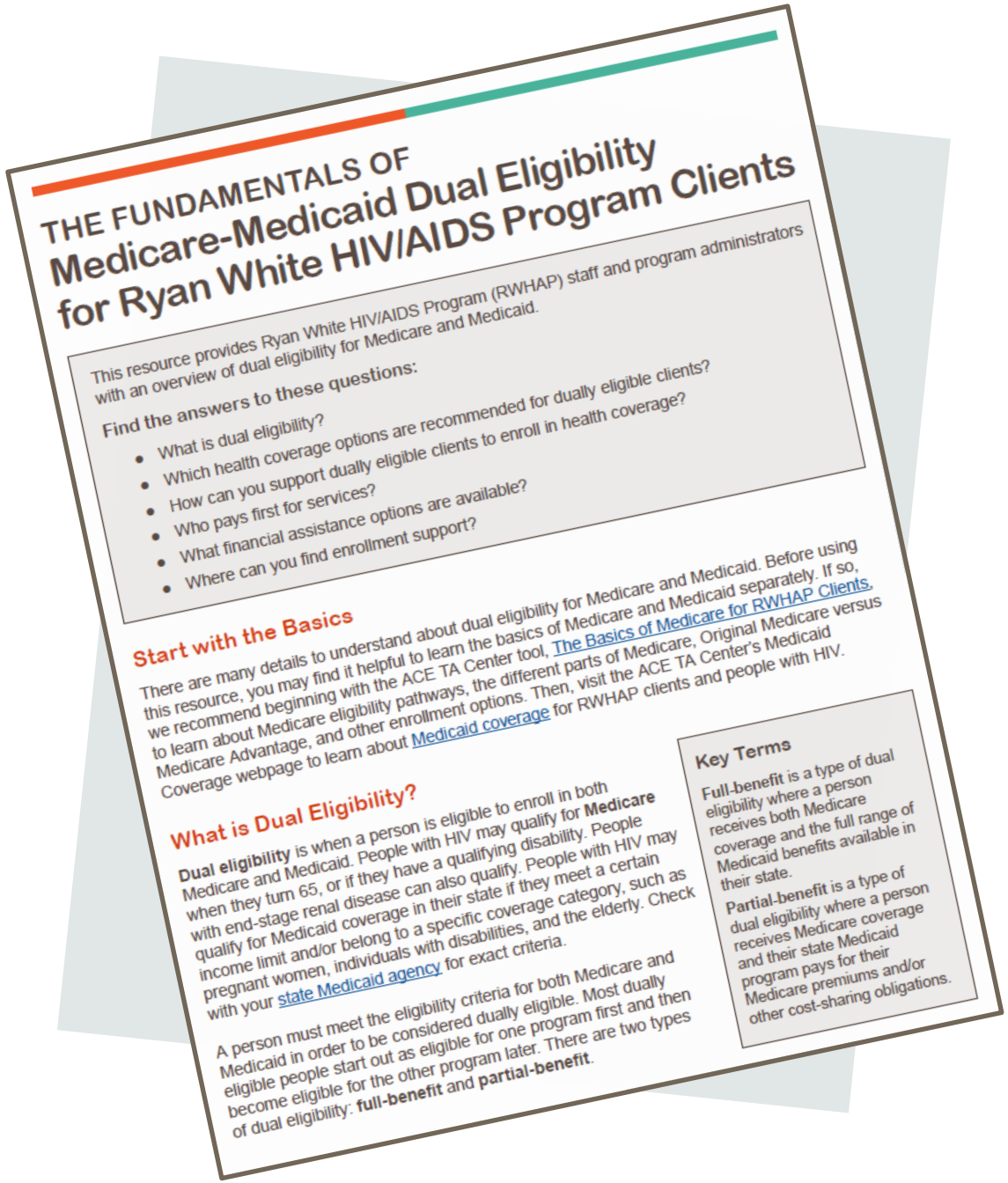
Medicaid is the largest source of health coverage for RWHAP clients. In 2020, almost one-third (30.8%) of RWHAP clients were covered by Medicaid only, and an additional 7.5% covered by both Medicaid and Medicare, see Figure 1.[1] The Affordable Care Act (ACA) provides states the option to expand their 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.

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

[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

targethiv.org/ace/medicaid

ACE TA Center: Dual Eligibility Resource



THE FUNDAMENTALS OF
Medicare-Medicaid Dual Eligibility for Ryan White HIV/AIDS Program Clients

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of dual eligibility for Medicare and Medicaid.

Find the answers to these questions:

- What is dual eligibility?
- Which health coverage options are recommended for dually eligible clients?
- How can you support dually eligible clients to enroll in health coverage?
- Who pays first for services?
- What financial assistance options are available?
- Where can you find enrollment support?

Start with the Basics

There are many details to understand about dual eligibility for Medicare and Medicaid. Before using this resource, you may find it helpful to learn the basics of Medicare and Medicaid separately. If so, we recommend beginning with the ACE TA Center tool, The Basics of Medicare for RWHAP Clients, to learn about Medicare eligibility pathways, the different parts of Medicare, Original Medicare versus Medicare Advantage, and other enrollment options. Then, visit the ACE TA Center's Medicaid Coverage webpage to learn about Medicaid coverage for RWHAP clients and people with HIV.

What is Dual Eligibility?

Dual eligibility is when a person is eligible to enroll in both Medicare and Medicaid. People with HIV may qualify for **Medicare** when they turn 65, or if they have a qualifying disability. People with end-stage renal disease can also qualify. People with HIV may qualify for Medicaid coverage in their state if they meet a certain income limit and/or belong to a specific coverage category, such as pregnant women, individuals with disabilities, and the elderly. Check with your state Medicaid agency for exact criteria.

A person must meet the eligibility criteria for both Medicare and Medicaid in order to be considered dually eligible. Most dually eligible people start out as eligible for one program first and then become eligible for the other program later. There are two types of dual eligibility: **full-benefit** and **partial-benefit**.

Key Terms

Full-benefit is a type of dual eligibility where a person receives both Medicare coverage and the full range of Medicaid benefits available in their state.

Partial-benefit is a type of dual eligibility where a person receives Medicare coverage and their state Medicaid program pays for their Medicare premiums and/or other cost-sharing obligations.

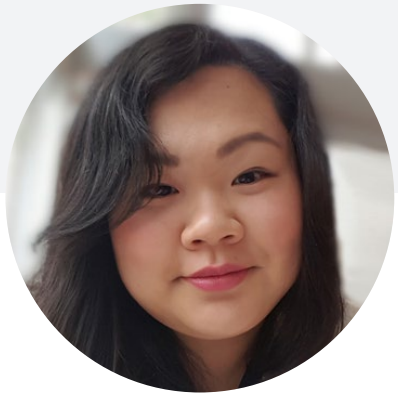
targethiv.org/ace/dual-eligible

ACE
ACCESS, CARE, & ENGAGEMENT

Questions?

Q&A Panelists

Christine Luong



Research and Policy Associate, ACE TA Center

Amy Killelea

Independent Consultant, Killelea Consulting

Anne Callachan

BRIDGE Team Project Manager, AccessHealth MA

Thanks for joining us!

targethiv.org/ace
Sign up for our mailing list, download tools and resources, and more.

Contact Us
acetacenter@jsi.com