

The Basics of Medicare for Ryan White HIV/AIDS Program (RWHAP) Clients

Access, Care, and Engagement (ACE) TA Center
February 13, 2024

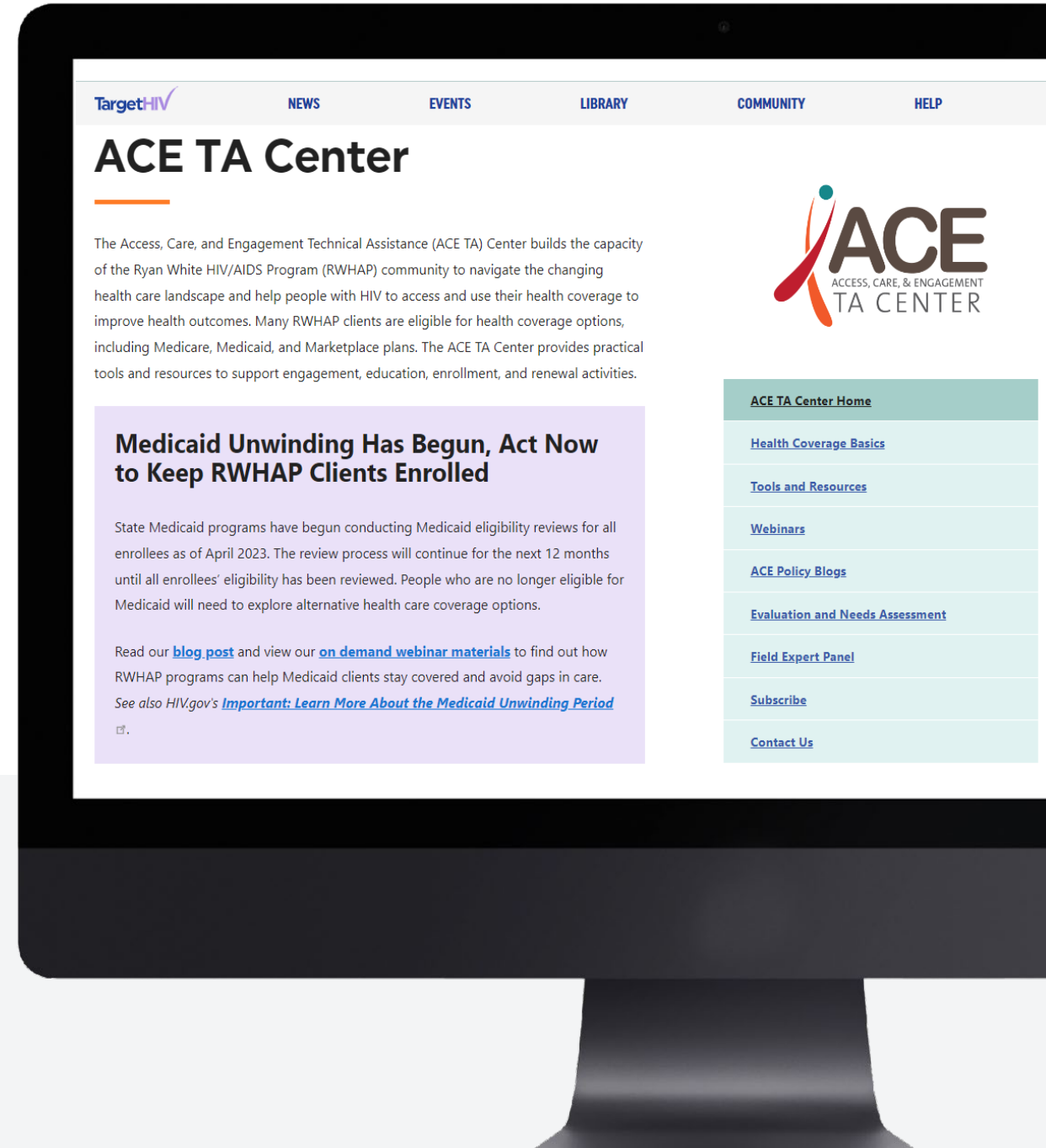


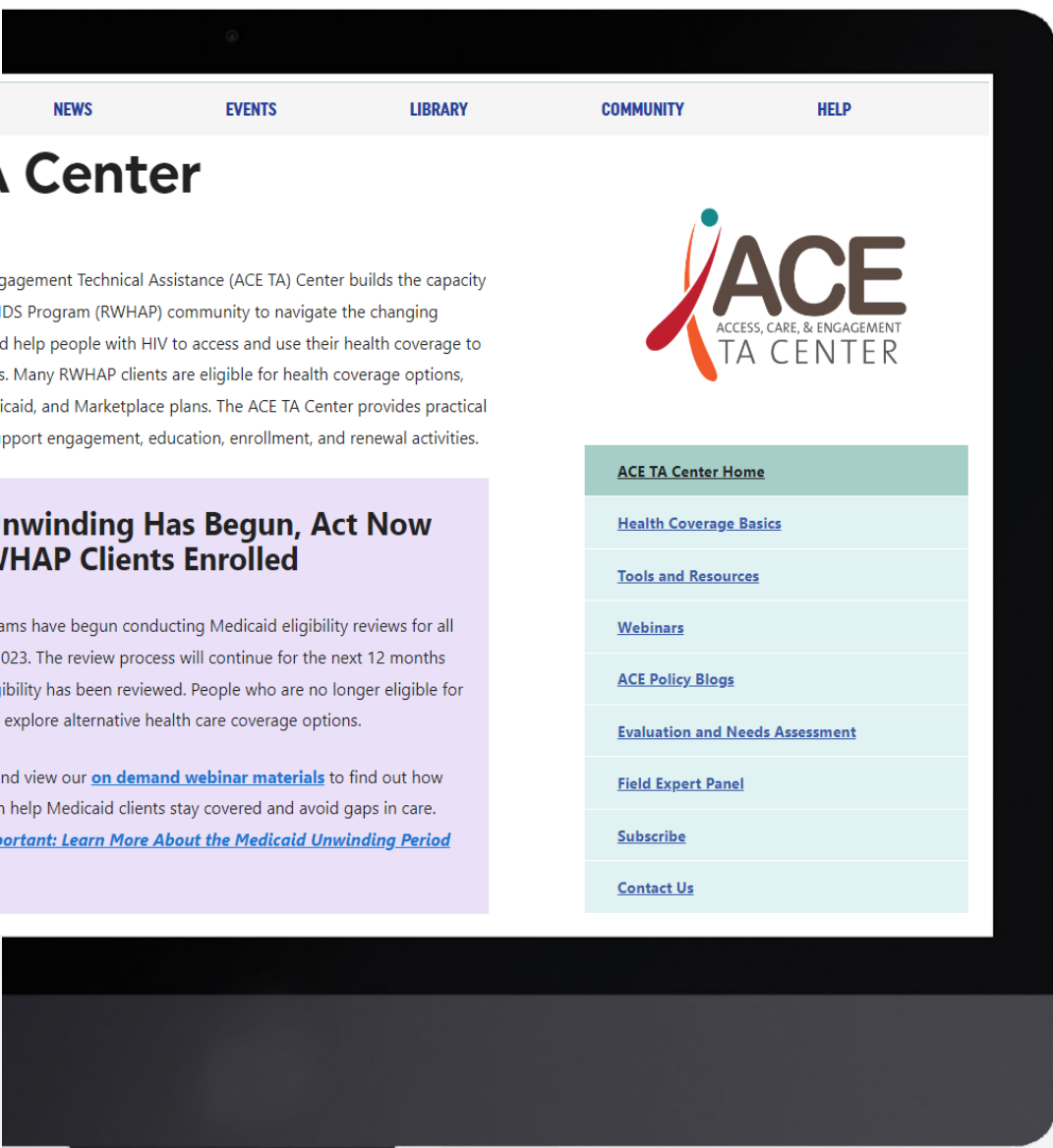
How to ask questions

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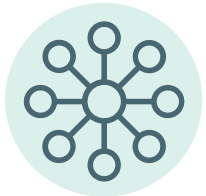
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The ACE TA Center helps organizations



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.



Improve the clarity

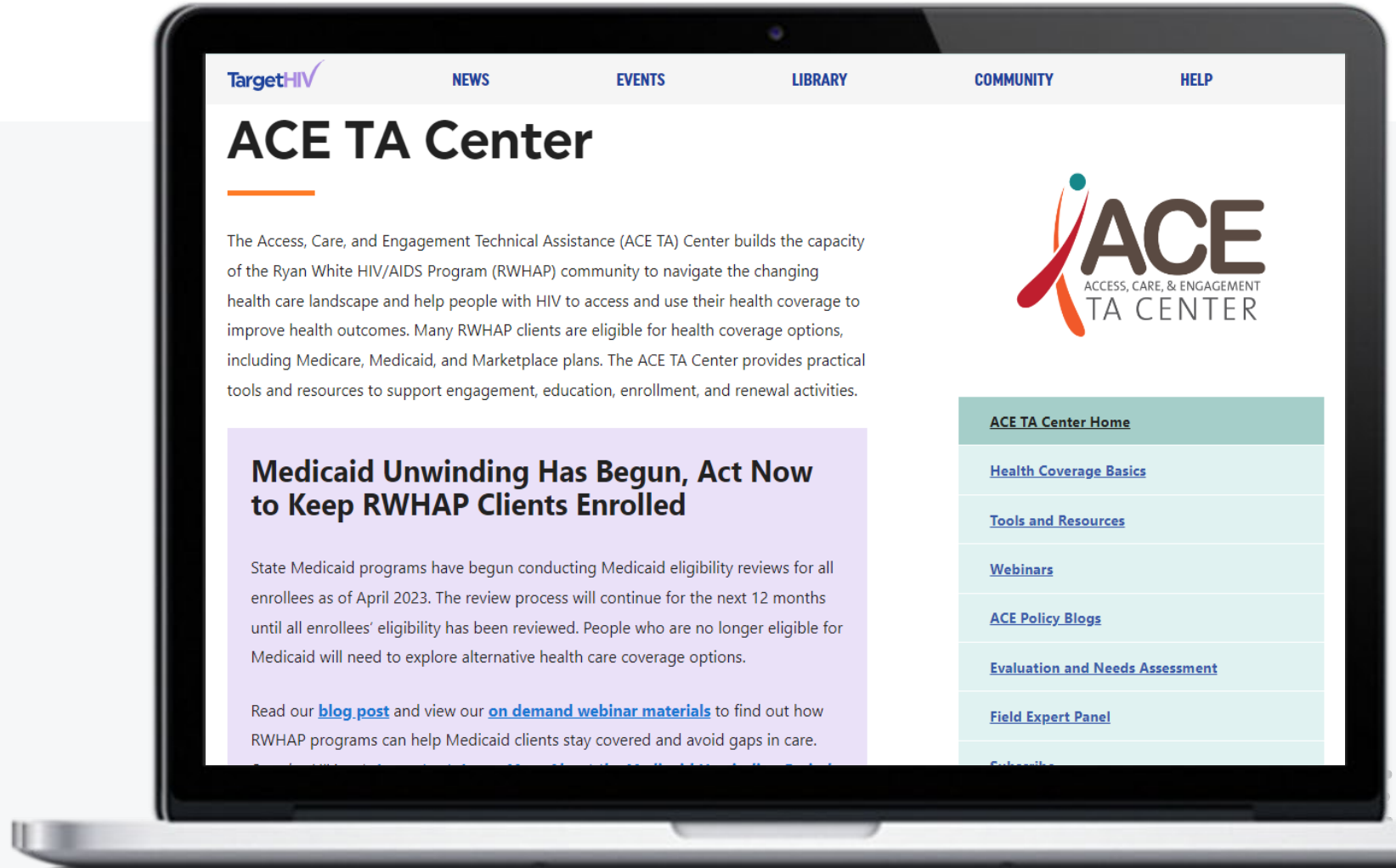
of their communication around health care access and health insurance.



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

FIND US AT:

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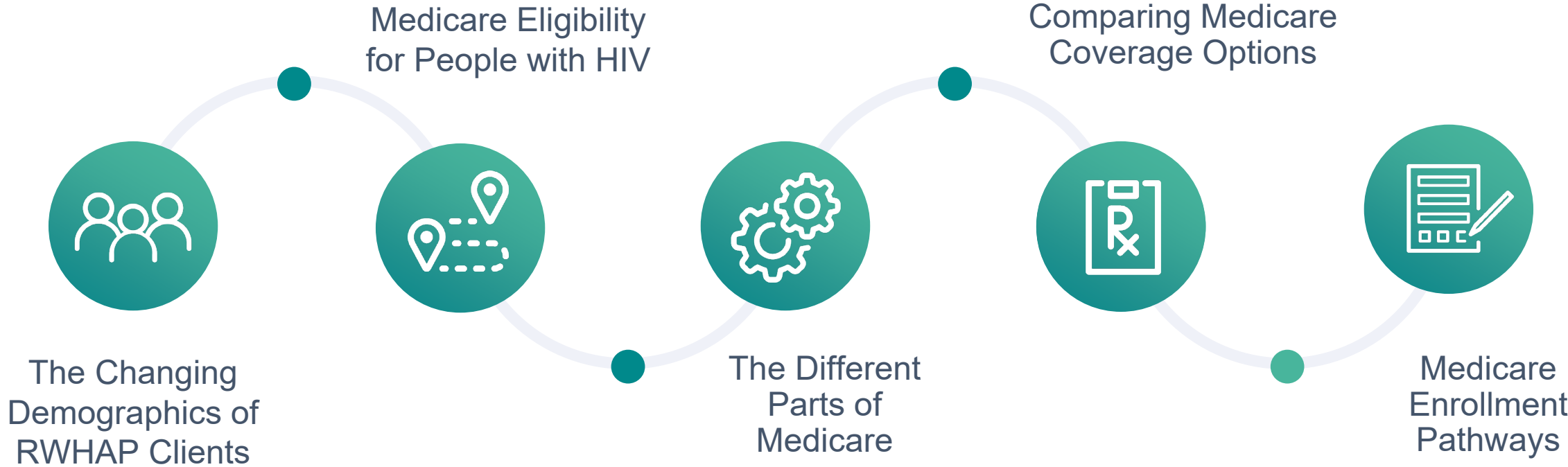


ACE 3-Part Spring Webinar Series



1. **Basics of Medicare Eligibility**
 - Feb 13 @ 2PM ET
2. Medicare Enrollment and Coverage
 - Feb 27 @ 2PM ET
3. Medicare-Medicaid Dual Eligibility
 - Mar 12 @ 3PM ET

Roadmap for today's webinar



Today's presenters

**Molly
Tasso**



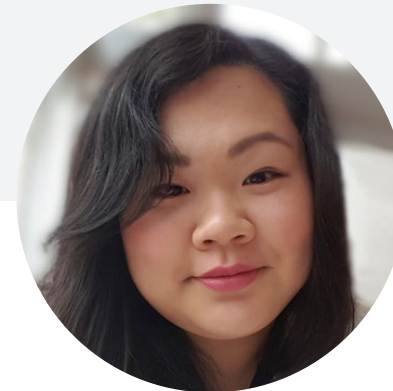
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**Christine
Luong**



Research and
Policy Associate,
ACE TA Center

Audience Poll #1

What are the top challenges that your organization faces related to Medicare enrollment and coverage? (Check all that apply.)

- Determining whether clients are eligible for Medicare
- Assisting clients with deciding when to enroll
- Assisting clients who are eligible for both Medicare and Medicaid
- Helping clients transition to Medicare from another type of coverage
- Referring clients for external Medicare enrollment support
- Understanding what Medicare covers
- Understanding the difference between Original Medicare and Medicare Advantage
- Accessing age-appropriate Medicare resources
- Accessing culturally-appropriate Medicare resources
- Other (chat in your response)

The changing demographics of RWHAP clients



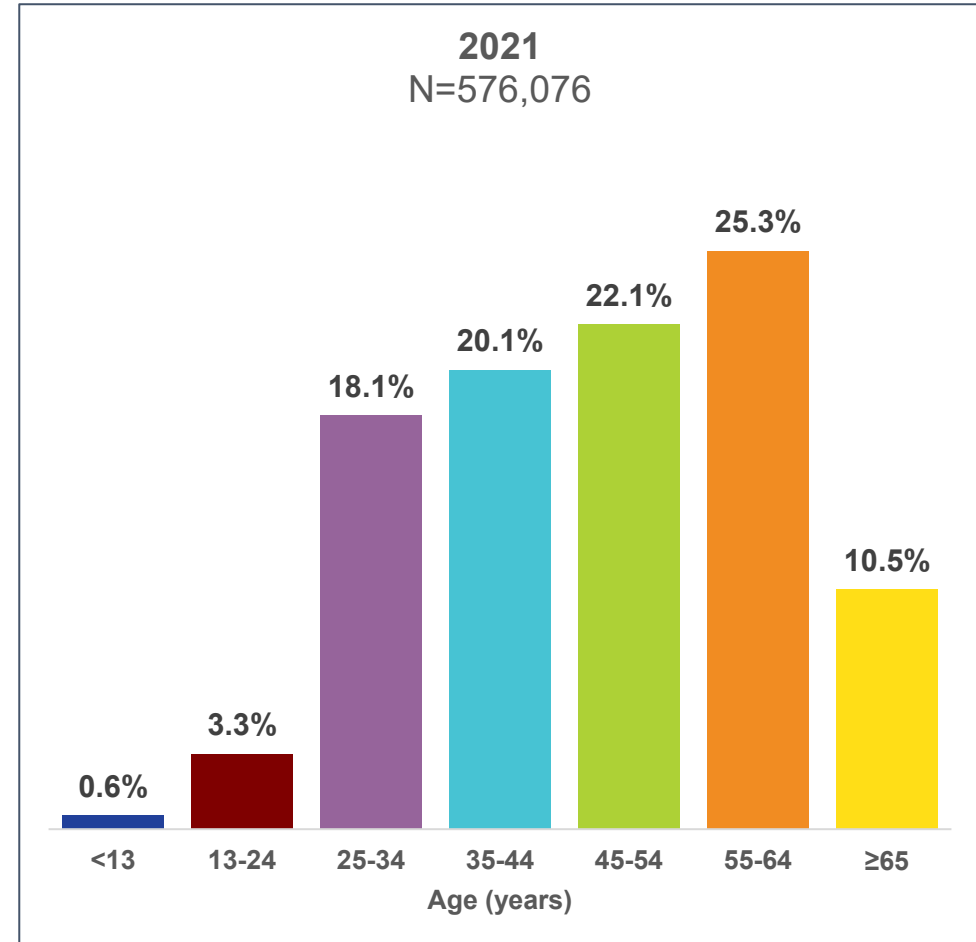
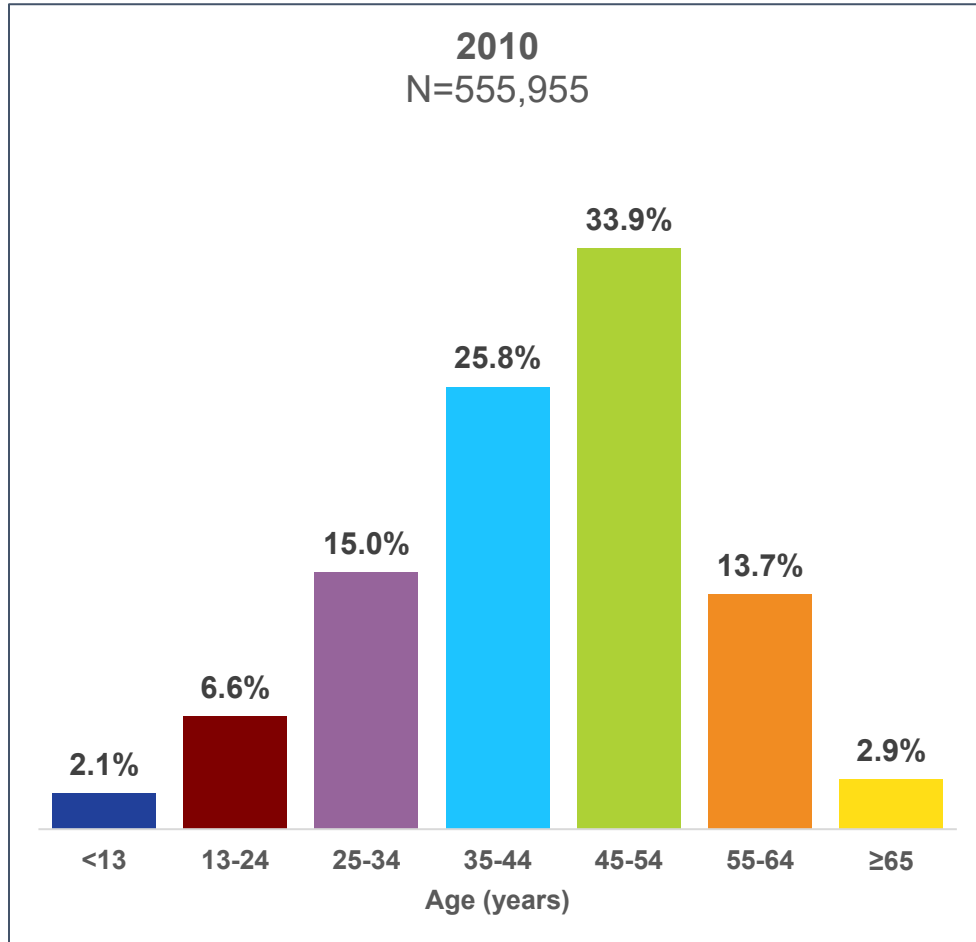
More RWHAP clients are aging into Medicare

- Medicare is the **second largest source** of federal funding for HIV/AIDS care in the U.S.
- **Over one quarter (28%) of people with HIV** get their health coverage through Medicare.
- **In 2021, 48.3% of RWHAP clients were aged 50 years and older**, and this is projected to rise to two-thirds by 2030.

Sources:

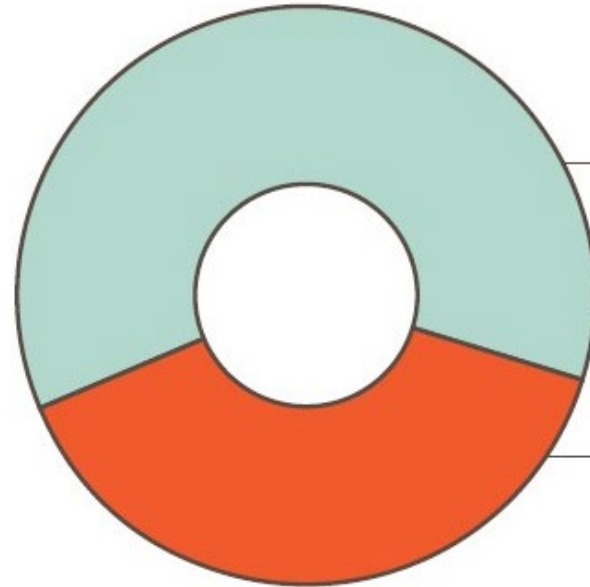
- Kaiser Family Foundation, 2023
- HRSA HIV/AIDS Bureau, 2022
- HRSA HIV/AIDS Bureau, 2019

Ryan White HIV/AIDS Program clients, by age group, 2010 and 2021—United States and 3 territories



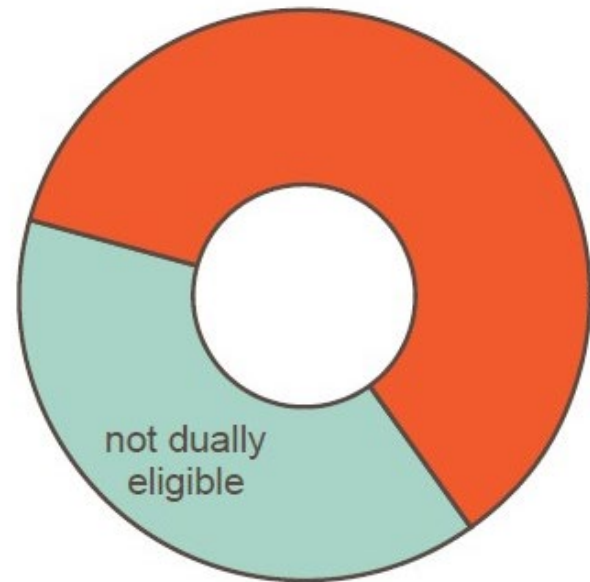
Source: HRSA HIV/AIDS Bureau, 2023, "Clients Served by the Ryan White HIV/AIDS Program 2021"

Medicare beneficiaries with HIV



61% are under age 65 and qualify due to disability (compared to 13% of Medicare beneficiaries overall)

39% are aged 65+



61% are dually eligible for Medicare and Medicaid (compared to 18% of Medicare beneficiaries overall)

Medicare eligibility for people with HIV



Primary criteria for Medicare eligibility

- 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)

Qualifying for Medicare under 65 with a disability

- In order to qualify for Medicare under age 65 due to a disability, you must:
 - Qualify for **Social Security Disability Insurance (SSDI)** benefits
 - Have received SSDI payments for **at least 24 months**
- **HIV status alone generally does not qualify for SSDI**
- People with HIV can still qualify for SSDI by meeting the medical requirements for another physical or mental health condition.

Audience Poll #2

What is the most common reason why clients at your organization are becoming eligible for Medicare?

- Turning 65 and aging into Medicare
- Under 65 with a qualifying disability
- Other (chat in your response)

Medicare Parts: What they are and what they cover



Medicare Part A: Hospital coverage



- Covers **hospital-related care** including:
 - Inpatient hospital care
 - Skilled nursing facility care
 - Hospice care
 - Home health care
- Most people qualify for “**premium-free**” **Medicare Part A** if they:
 - Work in a job that pays towards Social Security taxes
 - Accumulate 40 Social Security work credits by age 65 (approximately 10 years of work history)

Medicare Part B: Medical coverage



- Covers **medical services** including:
 - Services from doctors and other health care providers
 - Preventative services
 - Outpatient care
 - Physician-administered medications
 - Home health care
 - Durable medical equipment
- **New! Now covered in 2024:**
 - Chronic pain management and treatment services
 - Lymphedema compression treatment
 - Outpatient mental health care
 - At-home telehealth

Medicare Part D: Prescription drug coverage



- Covers the cost of outpatient prescription drugs
- Includes all HIV antiretroviral medications
- **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.

Original Medicare: The Basics

- Also known as “traditional” Medicare
- Administered by the federal government
- Includes:
 - **Medicare Part A** (hospital coverage)
 - **Medicare Part B** (medical coverage)
- Does NOT include:
 - Medicare Part D (prescription drug coverage), which must be purchased separately if needed



Original Medicare: Pros

- Extensive network allows you to receive care from any doctor, provider, hospital, or healthcare facility across the U.S. who accepts Medicare
- Do not need to choose a primary care doctor
- Generally do not need a referral to see a specialist
- May be a better option for clients who value having a greater choice of providers



Original Medicare: Cons



- The **Medicare Part A deductible** is based on a 90-day benefit period.
 - The deductible can be applied more than once a year.
 - Once the deductible is met, you could face additional charges for hospitalizations, skilled nursing care, and blood products.
- The **Medicare Part B deductible** is based on an annual benefit period.
 - After the deductible is met, Medicare pays 80% of approved charges and you are responsible for the remaining 20%.

Original Medicare:

Adding on prescription drug coverage



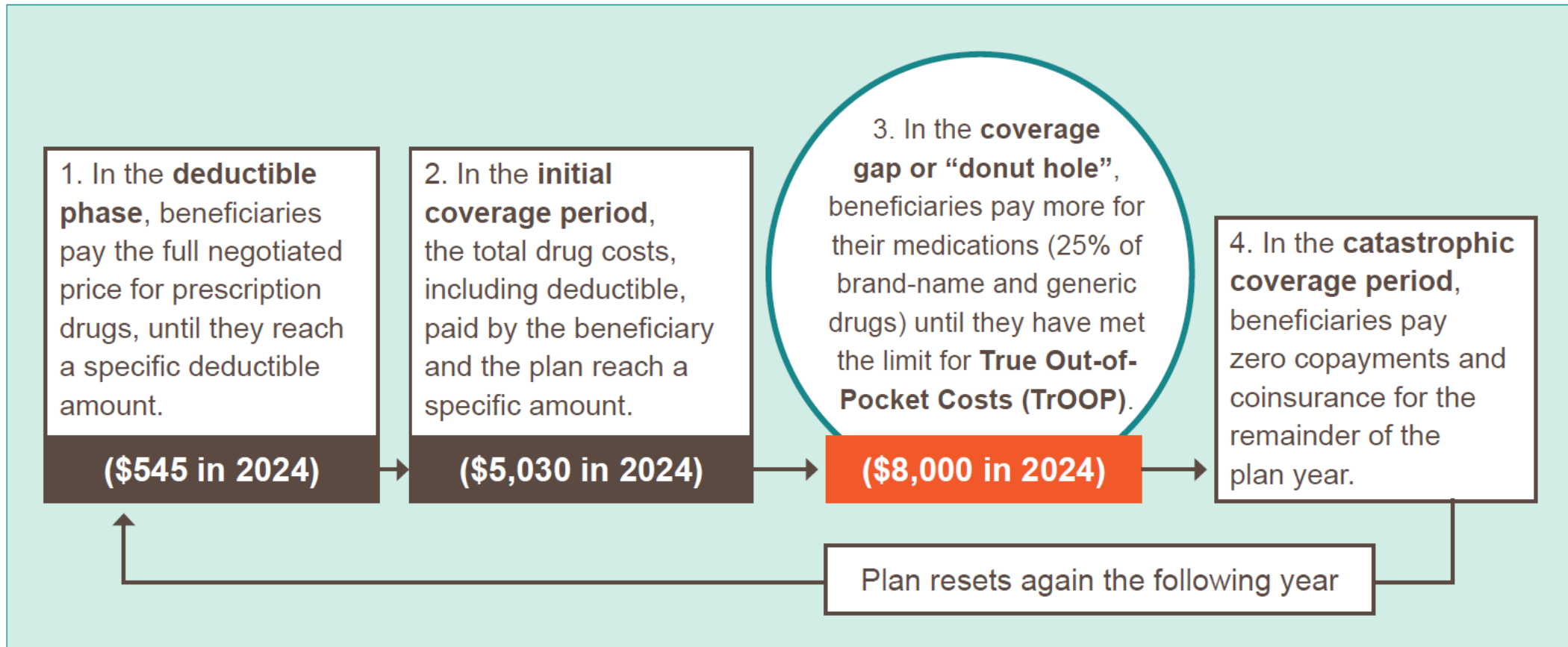
- Individuals with Original Medicare have the option to **purchase** a separate Medicare Part D prescription drug coverage plan.
- All Medicare prescription drug plans are required to cover all or nearly all drugs in **6 protected drug classes**, including HIV antiretroviral treatments.
- HIV drugs are required to be covered **without any utilization management** (e.g., prior authorization or step therapy).
- However, there are some **Part D restrictions for non-HIV medications**, including “medication not on formulary” and “quantity limit” issues.

Original Medicare: Considerations for adding on prescription drug coverage

- Encourage all clients to enroll in both Part A and B if eligible.
 - However, Original Medicare enrollees only need to have Medicare Part A or Part B to purchase a Part D plan.
- Part D premiums may be expensive, so work with clients to see if they are eligible for the Extra Help program.
 - If not, ADAPs can pay the premium, but the decision is up to individual state/territory ADAP.

Original Medicare: The Part D “Donut Hole”

- The coverage gap in Medicare Part D where some individuals will temporarily pay more for prescription drugs after their plan has contributed a specified amount.



Medigap: Medicare Supplemental Insurance



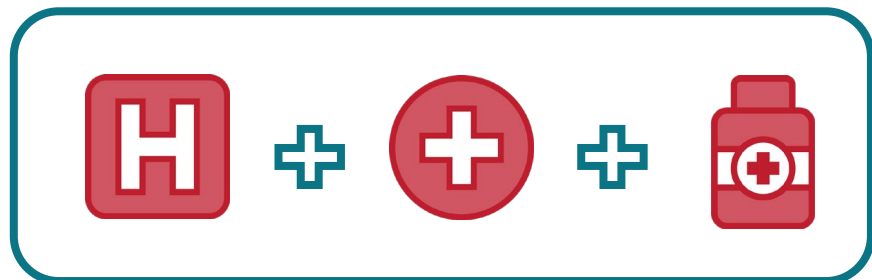
- Plans sold by private companies but standardized by law.
- Provides **supplemental insurance** to help cover the remaining costs of Medicare Parts A and B coverage, such as copays and deductibles.
- A client must have Medicare Parts A and B (Original Medicare) to enroll in a Medigap policy.
- Does not cover Medicare Part D prescription drug coverage copays, co-insurance, or deductibles.

Medigap: Medicare Supplemental Insurance (cont.)



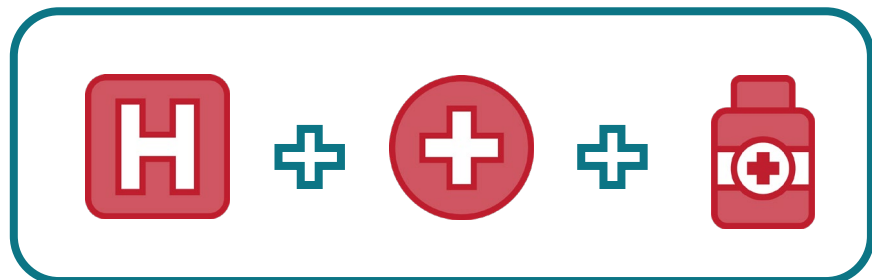
- Medigap beneficiaries pay a **monthly premium** that determines exactly what their out-of-pocket costs will be, if any.
 - ADAP may be able to pay this.
- Usually, the more expensive the plan, the greater the benefits. However, they generally don't cover long-term care, vision, or dental care.
- May be a good add-on for clients with more complex medical needs or clients who travel during the year and anticipate needing to see a provider outside of the country.

Medicare Advantage: The Basics



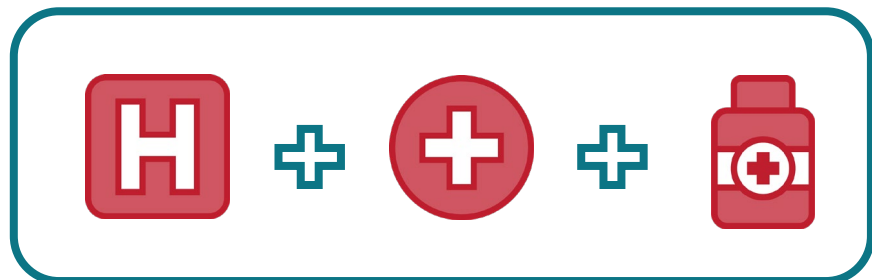
- Also known as Medicare Part C
- Administered by private insurance companies that contract with the government.
- A single plan that bundles Medicare Part A (hospital), Part B (medical), and often Part D (prescription drug) coverage

Medicare Advantage: Pros



- Plans may have no monthly premium or a low monthly premium on top of the Medicare Part B premium.
 - RWHAP ADAP may be able to help
- May provide extra services, such as vision or dental.
- Can have lower out-of-pocket costs for some services
- May be a better option for clients with less complex medical needs and those who do not often travel outside their state.




Medicare Advantage: Cons



- Generally an HMO or PPO plan with a specific network of preferred providers
 - Varies widely state to state
 - Clients may not be able to find a plan that all their providers accept
 - Clients could face higher out-of-pocket costs to see an “out of network” provider, especially for inpatient services
- May need to get certain services approved ahead of time
- May need to get a referral from your primary care doctor to see a specialist

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 and/or Medigap premiums, deductibles, and copayments.

Original Medicare (Parts A and B)  	Medicare Advantage (also called Part C) 
<p>Includes:</p> <ul style="list-style-type: none">▪ Part A (hospital insurance)▪ Part B (medical insurance) <p>Clients can purchase:</p> <ul style="list-style-type: none"><input type="checkbox"/> Part D (prescription drug coverage)<input type="checkbox"/> Supplemental coverage to help pay out-of-pocket costs—such as a Medicare Supplement Insurance (Medigap) policy <p>Plans administered by:</p> <ul style="list-style-type: none">▪ The federal government	<p>Includes:</p> <ul style="list-style-type: none">▪ Part A (hospital insurance)▪ Part B (medical insurance) <p>Most plans include:</p> <ul style="list-style-type: none">▪ Part D (prescription drug coverage) <p>Some plans also include:</p> <ul style="list-style-type: none"><input type="checkbox"/> Lower out-of-pocket costs<input type="checkbox"/> Extra benefits <p>Plans administered by:</p> <ul style="list-style-type: none">▪ Private insurance companies that contract with the government

Knowledge Check #1

Which of the following is true about Medicare Part D prescription drug coverage?

- A. It can be purchased separately to add on to Original Medicare.
- B. It can be part of a bundled Medicare Advantage plan.
- C. There is a Part D coverage gap with Original Medicare.
- D. All of the above

Knowledge Check #1

Which of the following is true about Medicare Part D prescription drug coverage?

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- B. It can be part of a bundled Medicare Advantage plan.
- C. There is a Part D coverage gap with Original Medicare.
- D. All of the above**

Medicare enrollment pathways



Medicare enrollment pathways for newly eligible individuals



Claiming Social Security Benefits

Receiving disability or retirement benefits before 65



Initial Enrollment Period (IEP)

For people turning 65 years old



Special Enrollment Periods (SEP)

For people experiencing specific life events, such as moving, losing or changing their health coverage, etc.



General Enrollment Period (GEP)

For people who missed their IEP, don't qualify for an SEP, and want to enroll in Medicare Part B

Initial Enrollment Period (IEP) for people about to turn 65

Medicare Initial Enrollment Period (IEP)



If a person signs up for Medicare during the first 3 months of their Initial Enrollment Period, their Medicare coverage will begin on the first day of their birthday month (the fourth month of the IEP*).

If a person signs up for Medicare during their birthday month (the fourth month of the IEP*) or during the last 3 months of their Initial Enrollment Period, their Medicare coverage will begin on the first day of the month after they enroll.

*If a person's birthday falls on the first of the month, their IEP is shifted one month earlier to include the 4 months prior to the birthday month, the month the person turns 65, and the 2 months after the birthday month.

Special Enrollment Period (SEP) for people transferring from employer coverage after 65

- If a client is covered by employer insurance (their own or their spouse's), they are NOT required to sign up for Medicare at age 65.
- When their employer coverage ends, they qualify for an 8-month SEP.

Medicare Special Enrollment Period (SEP) for Loss of Employer Coverage



Coverage begins on the first day of the month after an individual enrolls.

Special Enrollment Period (SEP) for people whose Medicaid eligibility is terminated

- SEP allows clients to enroll in Medicare after termination of Medicaid eligibility. Clients can choose between:
 - Retroactive coverage back to the date of termination (no earlier than 1/1/23), client must pay the premiums for the retroactive covered time period.
 - Coverage beginning on the 1st of the month after enrolling

Medicare Special Enrollment Period (SEP) to Coordinate with Termination of Medicaid Coverage



Additional Medicare SEPs

- SEP for individuals impacted by an emergency/disaster
- SEP for health plan or employer error
- SEP for formerly incarcerated individuals
- SEP for other exceptional conditions
- **New!** Starting January 1, 2024, individuals who sign up for Medicare Part A or B during an SEP because of an exceptional condition will have 2 months to join a Medicare Advantage plan or a Part D plan.

General Enrollment Period (GEP) for late enrollees

- Enroll through the GEP if they missed the IEP and don't qualify for an SEP.
- The GEP runs from January 1 to March 31 annually, coverage will begin on the first of the month after enrollment.
- A client may have to pay a late enrollment penalty for Medicare Part A (if they don't qualify for premium-free Part A) or Medicare Part B.
- They have 2 months to enroll in Medicare Part D after signing up for Medicare Part A with a premium and/or Medicare Part B.

Medicare General Enrollment Period (GEP)

Enrollment



Coverage begins the first day of the month after an individual enrolls. *For example, if a person signs up for Medicare during January of the GEP, their Medicare coverage will begin on February 1.*

Knowledge Check: Keith



Keith is turning 65 in July. He is currently enrolled in Marketplace coverage. What should he do?

- A. Keep his Marketplace coverage through 2024 and enroll in Medicare during the General Enrollment Period next year.
- B. Enroll in Medicare during his Initial Enrollment Period and then cancel his Marketplace plan.
- C. Enroll through a Special Enrollment Period after his 65th birthday.

Knowledge Check: Keith



Keith is turning 65 in July. He is currently enrolled in Marketplace coverage. What should he do?

- A. Keep his Marketplace coverage through 2024 and enroll in Medicare during the General Enrollment Period next year.
- B. Enroll in Medicare during his Initial Enrollment Period and then cancel his Marketplace plan.**
- C. Enroll through a Special Enrollment Period after his 65th birthday.

Knowledge Check: Sandra



Sandra missed her Initial Enrollment Period and does not qualify for a Special Enrollment Period. She can enroll now during the current General Enrollment Period. When will her Medicare coverage start?


- A. March 2024 (one month after she enrolls)
- B. May 2024 (three months after she enrolls)
- C. August 2024 (six months after she enrolls)


Knowledge Check: Sandra

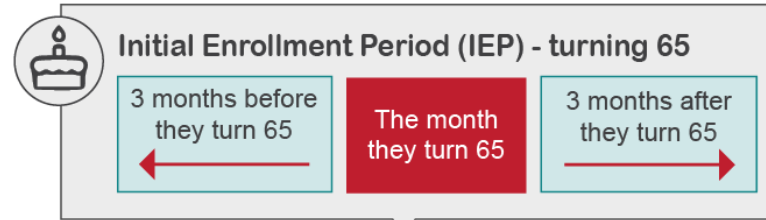


Sandra missed her Initial Enrollment Period and does not qualify for a Special Enrollment Period. She can enroll now during the current General Enrollment Period. When will her Medicare coverage start?


- A. March 2024 (one month after she enrolls)
- B. May 2024 (three months after she enrolls)
- C. August 2024 (six months after she enrolls)

 **Claiming Social Security Disability Insurance (SSDI) – under age 65**
 A person with SSDI will automatically qualify for Medicare after they have received SSDI payments for 24 months.


 **Claiming Social Security Retirement Benefits – age 62 to 65**
 A person may claim Social Security retirement benefits as early as 62, and will be auto-enrolled into Medicare at 65.




65

 **General Enrollment Period (GEP) - age 65+**
 Runs annually from January 1 to March 31 for those who missed the IEP.

JAN	FEB	MAR
1		31

 **Special Enrollment Period (SEP) - age 65+**
 8 month window to apply after losing employer sponsored coverage.

Loss of employer coverage	8 MONTHS	SEP ends

 **Special Enrollment Period (SEP) for Loss of Medicaid Coverage**
 6 month period to apply after losing Medicaid coverage.

Medicaid eligibility terminates	6 MONTHS	SEP ends

Overview of Medicare Enrollment Pathways

Resource Round-Up



Tool:

The Basics of Medicare

ACE TA CENTER MEDICARE TOOL

The Basics of Medicare for Ryan White HIV/AIDS Program Clients

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with disabilities.¹ Medicare is now the single largest source of federal funding for HIV/AIDS care in the U.S. Approximately one quarter of people with HIV who are in care get their health coverage through Medicare.²

Historically, most Medicare beneficiaries living with HIV have been under age 65 and qualified for Medicare because of a disability. However, there are more older adults living with HIV, and served by the RWHAP, than ever before.

50+ Of the more than half a million clients served by the RWHAP, 44.4 percent are aged 50 years and older.⁴

Medicare Beneficiaries Living with HIV³

Category	Percentage	Additional Info
Under age 65 and qualify due to disability	79%	(compared to 17% of Medicare beneficiaries overall)
Aged 65+	21%	(63% of these clients became eligible based on age alone)
Dually eligible for Medicare and Medicaid	69%	
Not dually eligible	31%	

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

Find the answers to these questions:

1. What are the common Medicare eligibility pathways for people with HIV?
2. Learn about the different parts of Medicare, including their coverage and costs.
3. How can you support RWHAP clients to enroll in Medicare?
4. How can the RWHAP help clients with Medicare costs?

Refer to the **Social Security Administration's Benefits Planner** for more information: www.ssa.gov/planners/disability

ACE TA CENTER | The Basics of Medicare for RWHAP Clients

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Tool: Medicare Prescription Drug Coverage

ACE TA CENTER MEDICARE TOOL

Medicare Prescription Drug Coverage for Ryan White HIV/AIDS Program Clients

Medicare prescription drug coverage helps individuals pay for both brand-name and generic drugs, including HIV medications. Individuals can get Medicare prescription drug coverage in two ways:¹

1. Purchasing a Medicare Part D prescription drug coverage plan to complement **Original (also known as Traditional) Medicare**.
2. Enrolling in a **Medicare Advantage Plan**, which includes prescription drug coverage.

However, if a Medicare enrollee is enrolled in Original Medicare and chooses **not** to enroll in drug coverage when they are first eligible, they will likely have to pay a **late enrollment penalty** to join later, unless they have other creditable prescription drug coverage. The penalty is in addition to their monthly premium for as long as they have a Medicare drug plan.

Clients with creditable drug coverage should receive a written notice each September from their health plan. If clients are unsure, they should ask their health plan administrator for a copy of the notice.

★ Creditable prescription drug coverage is prescription drug coverage that provides (i.e., pays for) at least as much as Medicare's standard prescription drug coverage, on average. People who have other creditable prescription drug coverage when they apply for Medicare, such as through an employer, can generally keep that coverage without paying a penalty if they decide to enroll in a Part D plan later.²

Standard Level of Coverage for All Medicare Drug Plans

All Medicare drug plans must provide a standard level of coverage set by Medicare, but may offer different combinations of coverage and cost sharing. Medicare drug plans may differ in the prescription drugs they cover, how much individuals have to pay, and which pharmacies they can use. For all diseases, plan formularies (the list of drugs a health insurance provider or plan covers) must include a minimum of two drugs in each drug class.

This resource provides an overview of Medicare prescription drug coverage for Ryan White HIV/AIDS Program (RWHAP) clients and other people with HIV.

? Find the answers to these questions:

1. How do clients get Medicare prescription drug coverage?
2. Are clients required to enroll in Medicare prescription drug coverage?
3. Does Medicare prescription drug coverage cover HIV medications?
4. How can the RWHAP, including its AIDS Drug Assistance Program (ADAP), help clients pay for Medicare prescription drug coverage?
5. What is the "donut hole" period for prescription drug coverage?

ACE TA CENTER | Medicare Prescription Drug Coverage for RWHAP Clients

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Tool: How Medicare Enrollment Works

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ACE TA CENTER MEDICARE TOOL

How Medicare Enrollment Works

This resource provides Ryan White HIV/AIDS Program (RWHP) staff and program administrators with an overview of Medicare eligibility and coverage for RWHP clients and other people with HIV.

Enrolling in Medicare Based on a Qualifying Disability

Individuals that are under 65 and qualify for Social Security Disability Insurance (SSDI) will be **automatically enrolled in Medicare Part A and Part B** after they receive disability benefits for 24 months. The beneficiary will still need to enroll in Part D prescription drug coverage and other supplemental coverage (for Original Medicare enrollees).

Enrolling in Medicare at Age 65

Signing up for Medicare at age 65 requires proactive steps to avoid problems.

Individuals must have at least **40 quarters of work credits** (which is equal to about 10 years of work) to qualify for **Medicare Part A** without having to pay a premium. People earn work credits when they work in a job and pay Social Security taxes. Learn more at www.ssa.gov/planners/disability.

- People who turn 65 without having the necessary work credits to qualify can sign up for **Medicare Part A** coverage, but they will have to pay premiums. They must also be a U.S. citizen or have been a permanent resident for at least five years.
- People can sign up for **Medicare Part B** at age 65 regardless of how many work credits they have.

For individuals that have claimed Social Security benefits before their 65th birthday:

- Enrollment in Medicare Parts A and B is automatic. Their Medicare card will arrive in the mail **three months before** their birthday and coverage begins the first day of the month in which they turn 65.

For individuals that have *not yet* signed up for Social Security benefits, Medicare offers an Initial Enrollment Period around their 65th birthday.

- They can sign up for Part A once their **Initial Enrollment Period** starts. But they can only sign up for Part B at specific times.
- If they miss the window to sign up for Part B, they will be subject to a late enrollment surcharge equal to 10 percent of the standard Part B premium for each 12 months of delay—a **penalty that continues forever.**

Find the answers to these questions:

1. What is the difference between the Initial Enrollment Period, Special Enrollment Period, and General Enrollment Period for Medicare?
2. When do clients need to enroll in Medicare to avoid late enrollment penalties?
3. What should clients enrolled in a Marketplace plan do when they enroll in Medicare?
4. How can clients make changes to their Medicare coverage?

Medicare Parts At-a-Glance

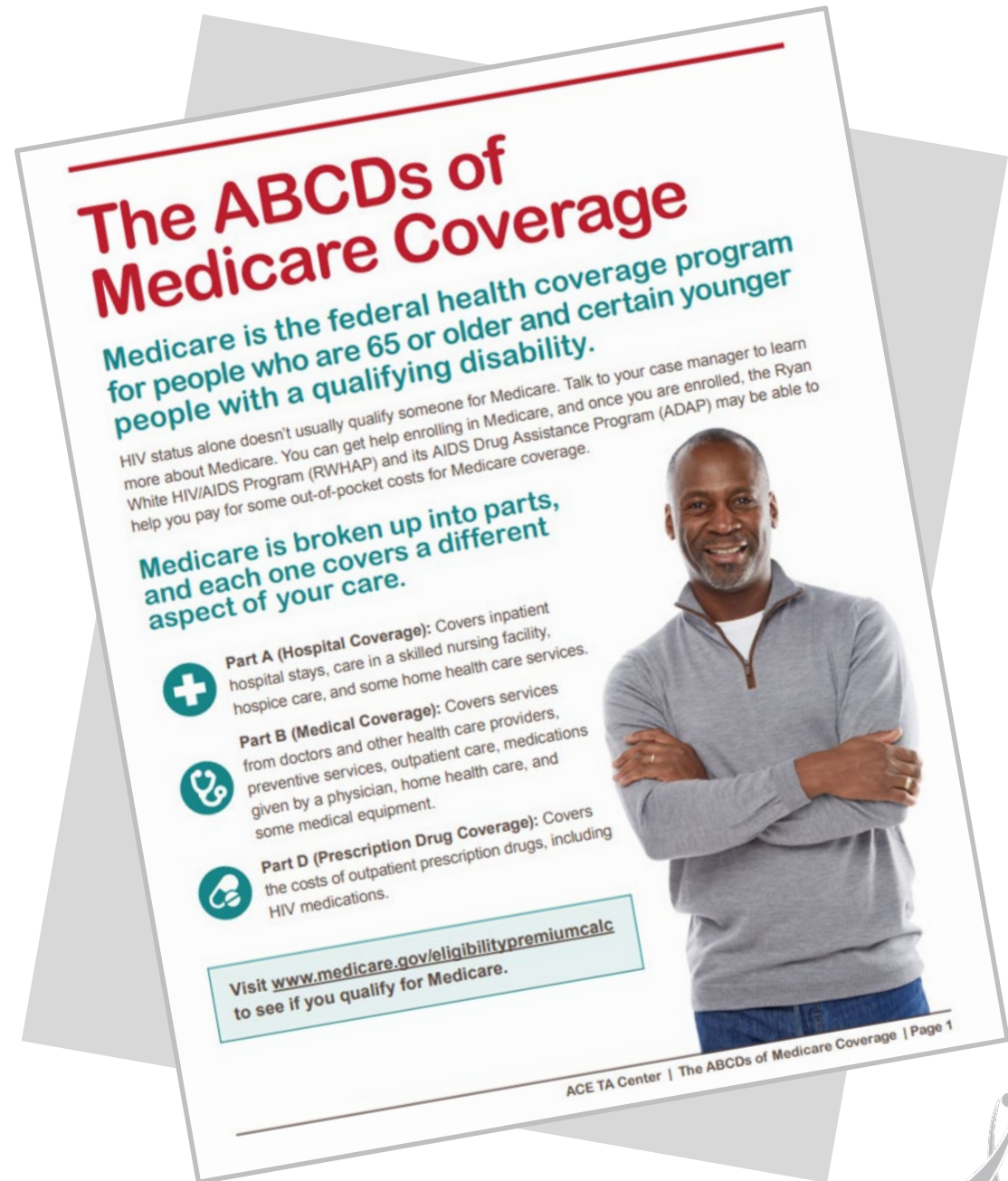
- H** Medicare Part A: Hospital coverage
- +** Medicare Part B: Medical coverage
- 📖** Medicare Part D: Prescription drug coverage

ACE TA CENTER | How Medicare Enrollment Works

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Client Resource: The ABCDs of Medicare Coverage

targethiv.org/ace/medicare



The ABCDs of Medicare Coverage

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with a qualifying disability.

HIV status alone doesn't usually qualify someone for Medicare. Talk to your case manager to learn more about Medicare. You can get help enrolling in Medicare, and once you are enrolled, the Ryan White HIV/AIDS Program (RWHAP) and its AIDS Drug Assistance Program (ADAP) may be able to help you pay for some out-of-pocket costs for Medicare coverage.

Medicare is broken up into parts, and each one covers a different aspect of your care.

- Part A (Hospital Coverage):** Covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care services.
- Part B (Medical Coverage):** Covers services from doctors and other health care providers, preventive services, outpatient care, medications given by a physician, home health care, and some medical equipment.
- Part D (Prescription Drug Coverage):** Covers the costs of outpatient prescription drugs, including HIV medications.

Visit www.medicare.gov/eligibilitypremiumcalc to see if you qualify for Medicare.

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Q&A Panelists

**Molly
Tasso**



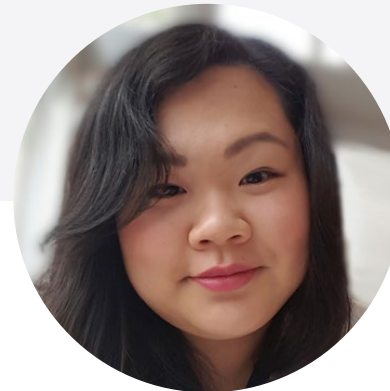
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Killelea Consulting, LLC

Join us for Part 2!

- Medicare Enrollment and Coverage for RWHAP Clients (Feb 27 @ 2PM ET)
 - Medicare best practices and enrollment support
 - Common Medicare enrollment challenges
 - Financial help for Medicare costs
 - Resource round-up



targethiv.org/ace/webinars

Thank you.



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

Contact us at acetacenter@jsi.com