

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

Access, Care, and Engagement
(ACE) TA Center

March 12, 2024

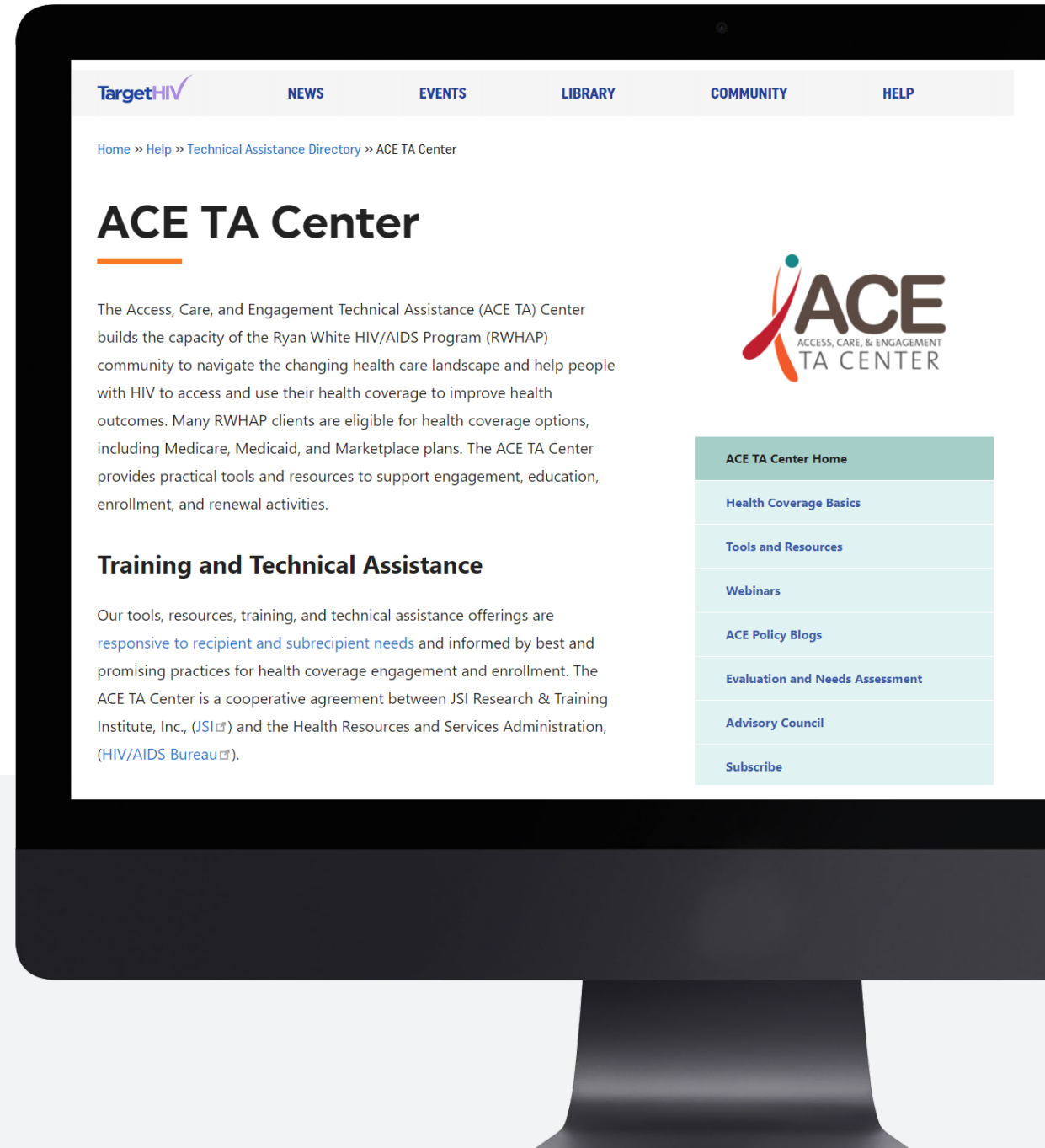


How to ask questions

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.



ACE TA Center

The Access, Care, and Engagement Technical Assistance (ACE TA) Center builds the capacity of the Ryan White HIV/AIDS Program (RWHAP) community to navigate the changing health care landscape and help people with HIV to access and use their health coverage to improve health outcomes. Many RWHAP clients are eligible for health coverage options, including Medicare, Medicaid, and Marketplace plans. The ACE TA Center provides practical tools and resources to support engagement, education, enrollment, and renewal activities.

Training and Technical Assistance

Our tools, resources, training, and technical assistance offerings are responsive to recipient and subrecipient needs and informed by best and promising practices for health coverage engagement and enrollment. The ACE TA Center is a cooperative agreement between JSI Research & Training Institute, Inc., (JSI) and the Health Resources and Services Administration, (HIV/AIDS Bureau).



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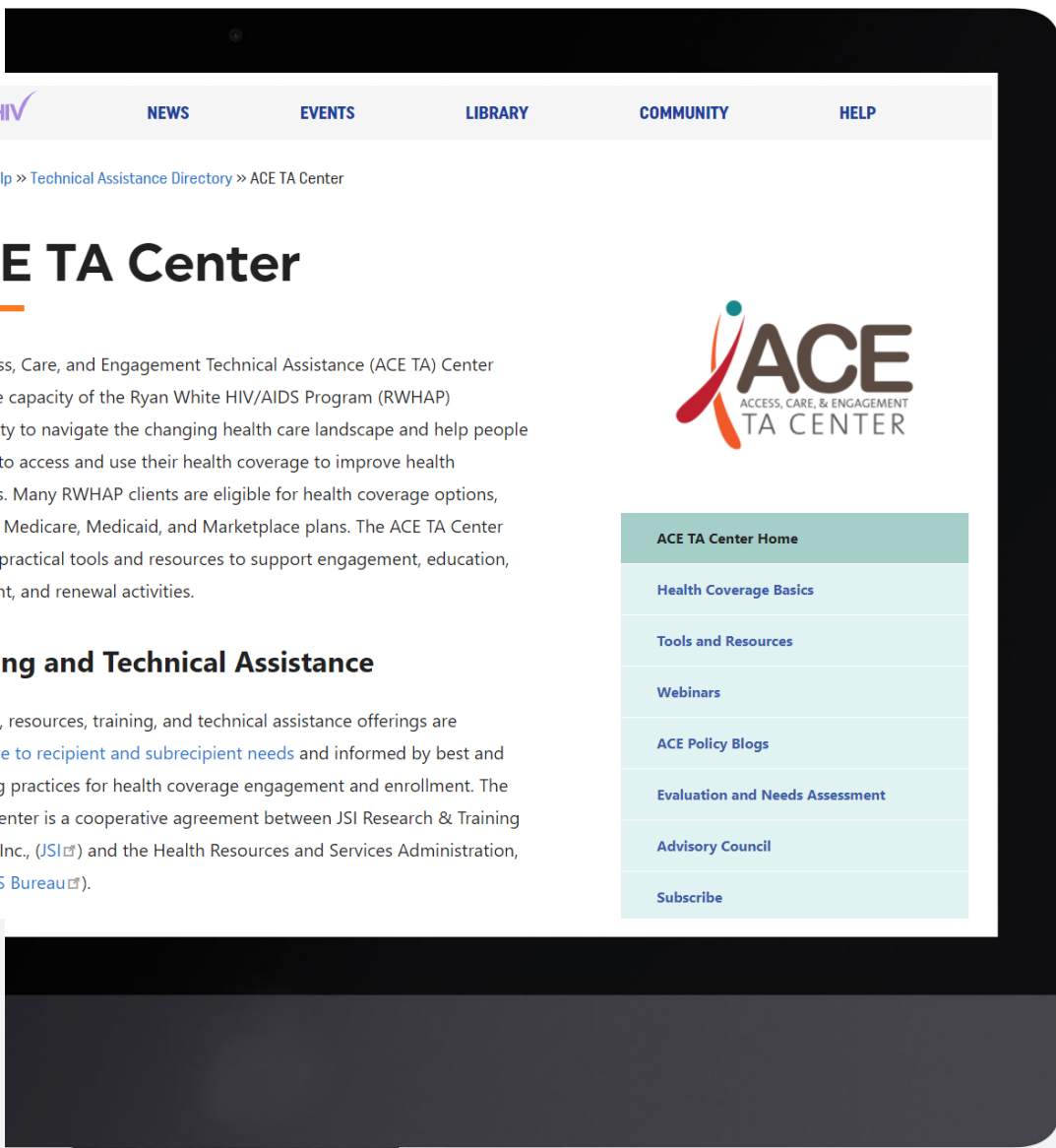
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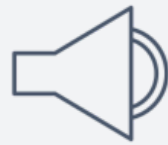
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The ACE TA Center helps organizations



Engage, enroll, and retain

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



Communicate with RWHAP clients

about how to stay enrolled and use health coverage to improve health care access.



Improve the clarity

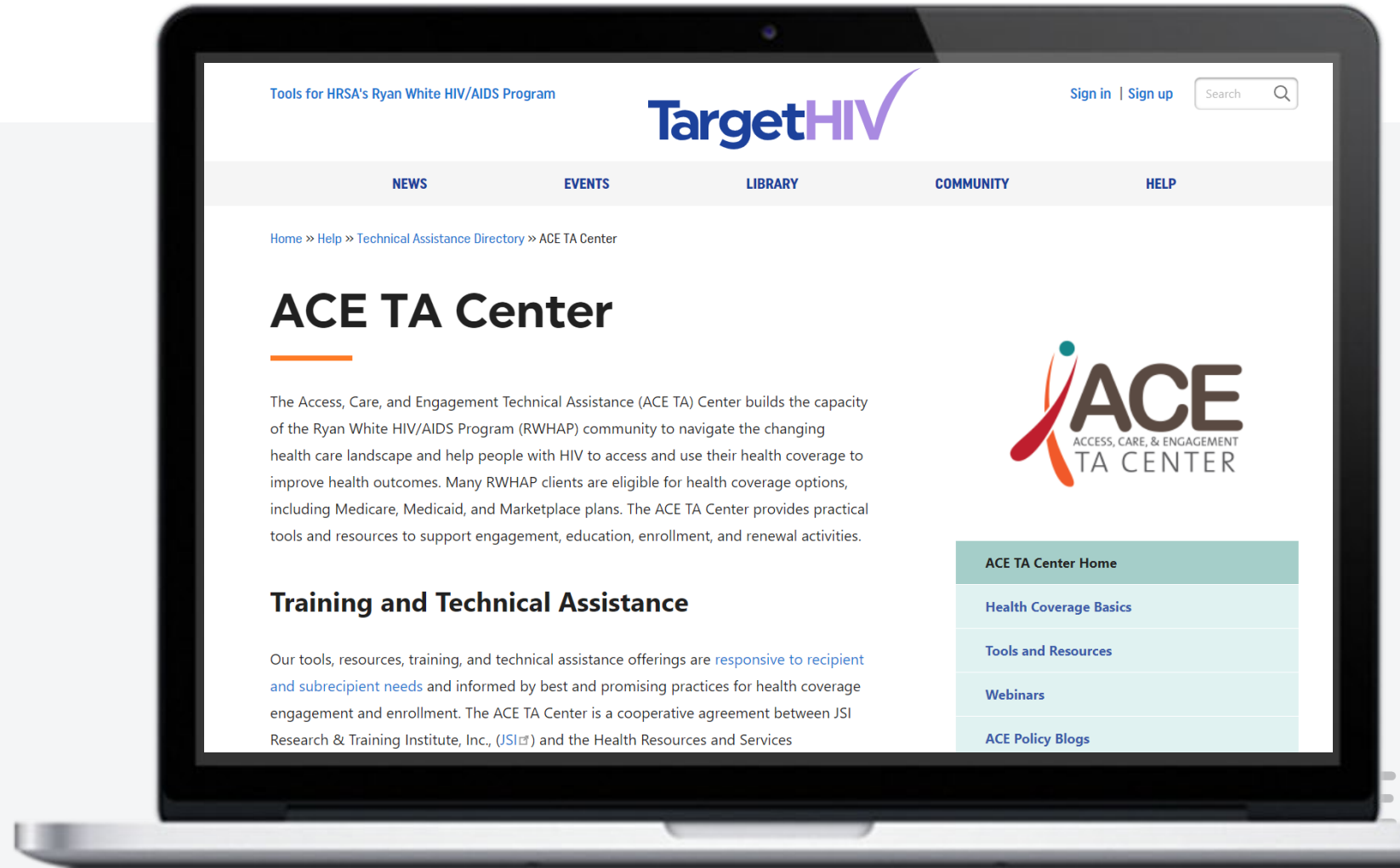
of their communication around health care access and health insurance.



- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators and other in-person assisters that help enroll RWHAP clients

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ACE 3-Part Spring Webinar Series



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

Roadmap for today's webinar



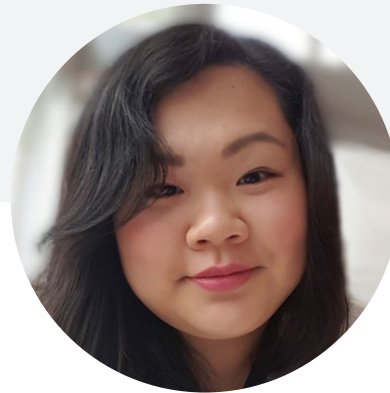
Today's presenters

**Molly
Tasso**



Project Director,
ACE TA Center

**Christine
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ACE TA Center

**Anne
Callachan**



BRIDGE Team
Project Manager,
Community Resource Initiative

Poll #1

How familiar are you with Medicare-Medicaid dual eligibility?

- I've never heard of it.
- I work with dually eligible clients, but I don't understand the basics.
- I don't work with dually eligible clients, but I understand the basics.
- I work with dually eligible clients and I understand the basics.
- I know more than the basics and would like to learn more.
- I'm an expert!

Poll #2

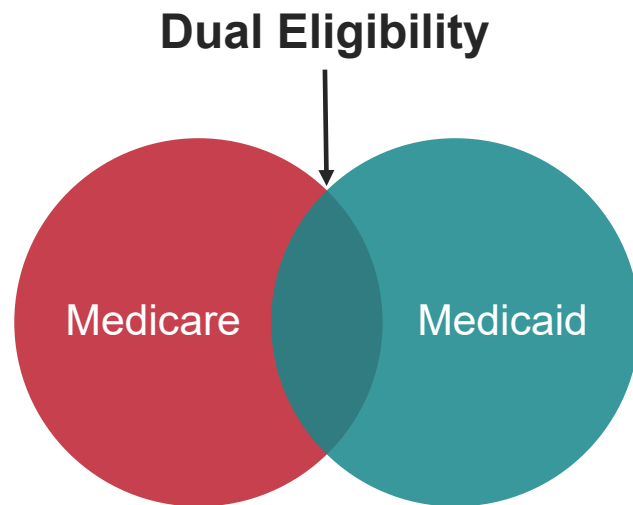
**What aspects of dual eligibility are you interested in?
(Check all that apply.)**

- Eligibility criteria and pathways
- Who pays for what, and when
- Coverage options, including integrated care
- Financial assistance
- Enrollment support
- Impact on RWHAP clients
- Other (let us know in the chat!)

Dual Eligibility Fundamentals

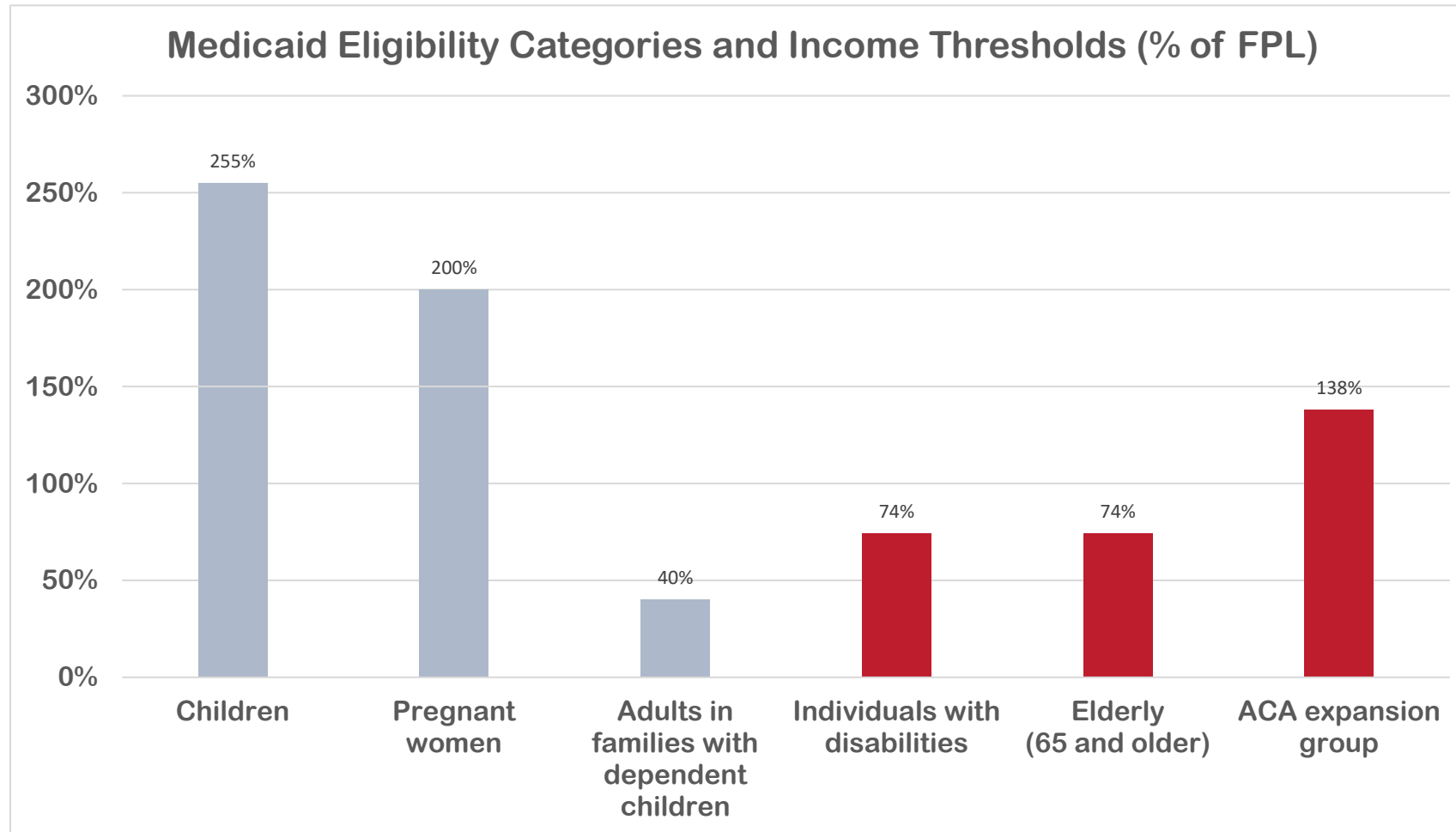


What is dual eligibility?

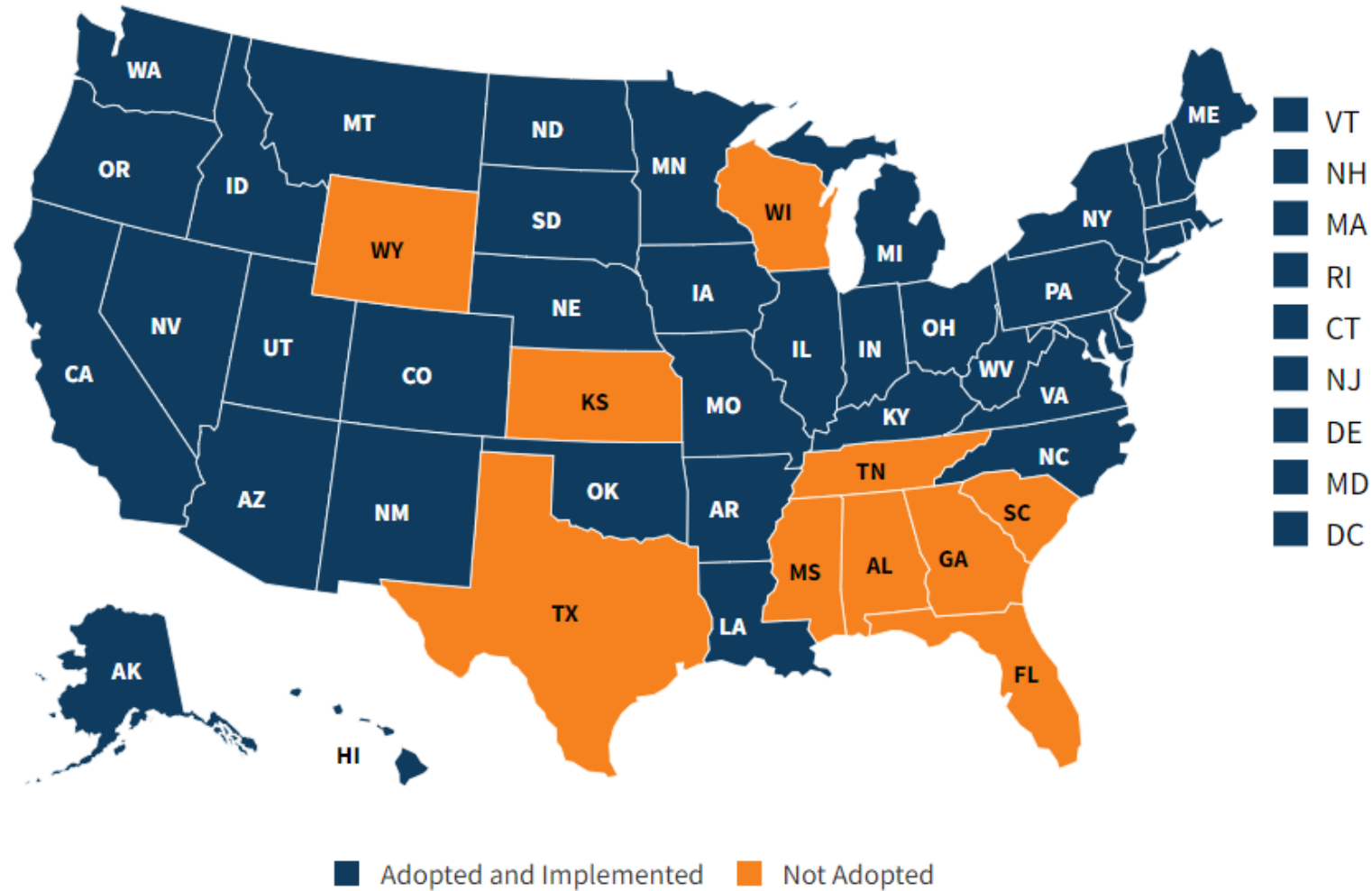


- An individual is eligible for both Medicare and their state Medicaid program simultaneously
- Medicare Eligibility
 - Age 65 or older
 - Under 65 with a qualifying disability
 - People with End-Stage Renal Disease (ESRD)
- Medicaid Eligibility (*varies by state*)
 - Children
 - Pregnant women
 - Adults in families with dependent children
 - Individuals with disabilities
 - Elderly people (age 65+)
 - ACA expansion group

Medicaid eligibility categories by FPL



State Medicaid expansion decisions (Dec 2023)



Types of dual eligibility:

Full-benefit

- **Medicare:** receive the standard package of Medicare benefits
- **Medicaid:** receive the full range of Medicaid benefits available in their state
- Must be enrolled in both:
 - Medicare Part A and/or Part B
 - Full-benefit Medicaid in their state
- Most common type of dual eligibility (71%)

Source: MACPAC – Dually Eligible Beneficiaries, n.d.

Types of dual eligibility: Partial-benefit

- **Medicare:** receive the standard package of Medicare benefits
- **Medicaid:** receive financial assistance from their state Medicaid program to pay for Medicare premiums and/or other Medicare cost-sharing obligations
- Must be enrolled in both:
 - Medicare Part A and/or Part B
 - A state-administered Medicare Savings Program (MSP)
- Not as common (29%) as full-benefit dual eligibility, but becoming more common on a state-by-state basis

Source: HRSA – RWHAP Service Report (RSR), 2020

Dual eligibility, HIV, and the RWHAP

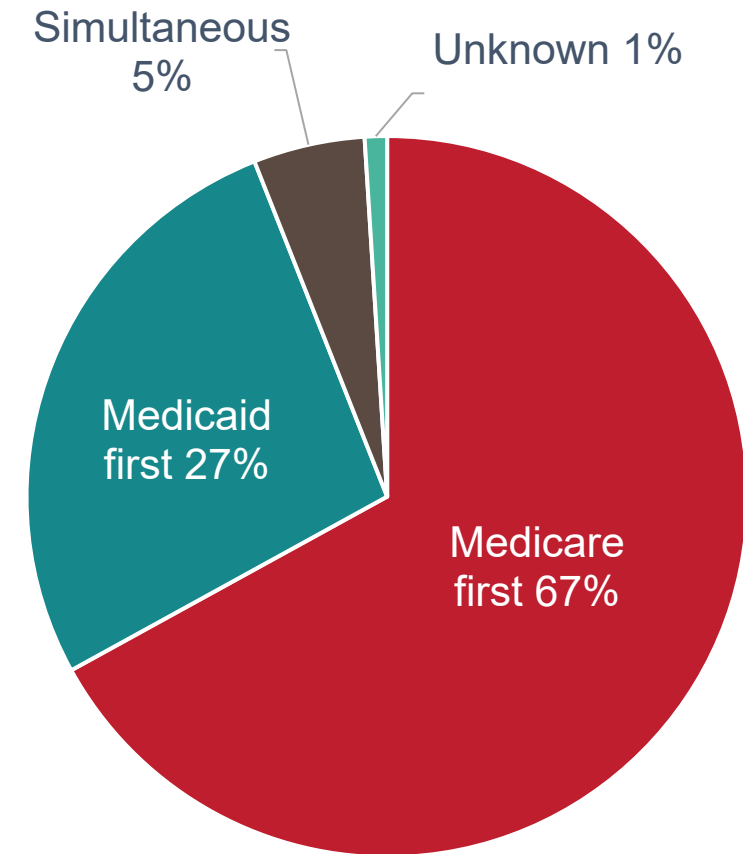
- Over 12 million dually eligible people in the U.S., and growing
- Nearly **two-thirds of Medicare beneficiaries** with HIV are dually eligible
- **One-quarter of Medicaid beneficiaries** with HIV are dually eligible
- About **7.5% of RWHAP clients** are dually eligible
 - 80% of DE clients are age 50+
 - 30% of DE clients are age 65+

Sources:

- KFF – Medicare and People with HIV, 2023
- KFF – Medicaid and People with HIV, 2023
- HRSA – RWHAP Service Report (RSR), 2021

Characteristics of dually eligible individuals

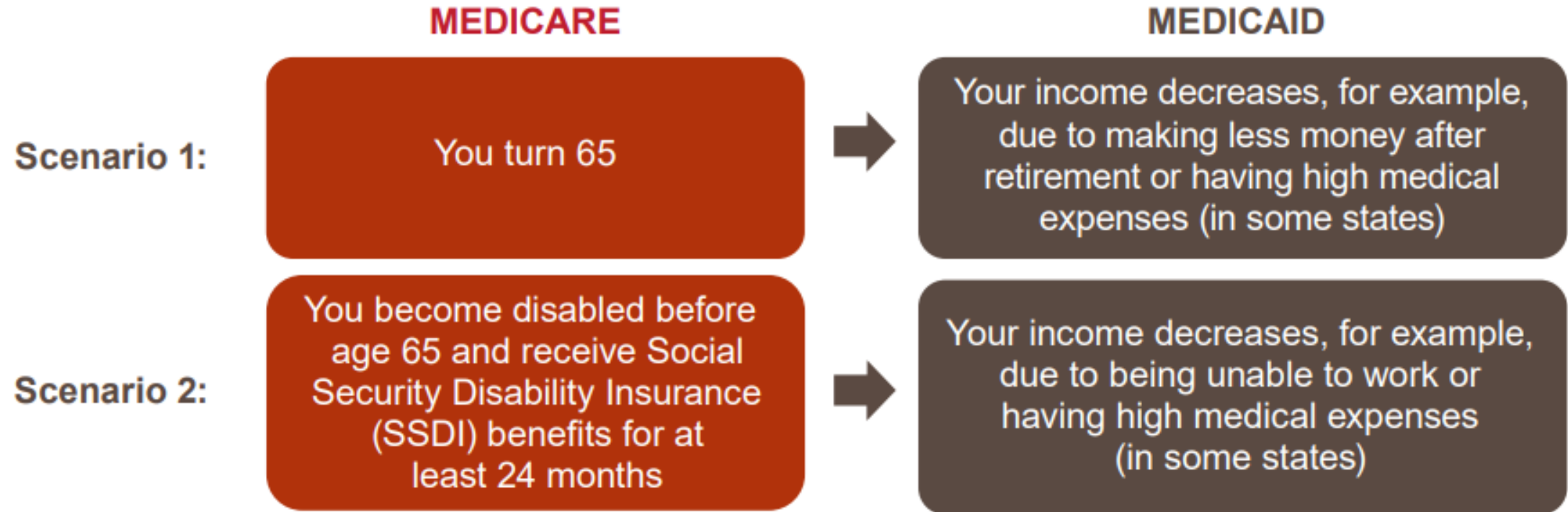
- Generally have **more complex healthcare needs** compared to people who are not dually eligible
- Among people with HIV, more likely to have **multiple chronic illnesses** or **functional disabilities**
- Eligibility pathways:
 - Medicare first, then Medicaid
 - Medicaid first, then Medicare
 - Simultaneous eligibility



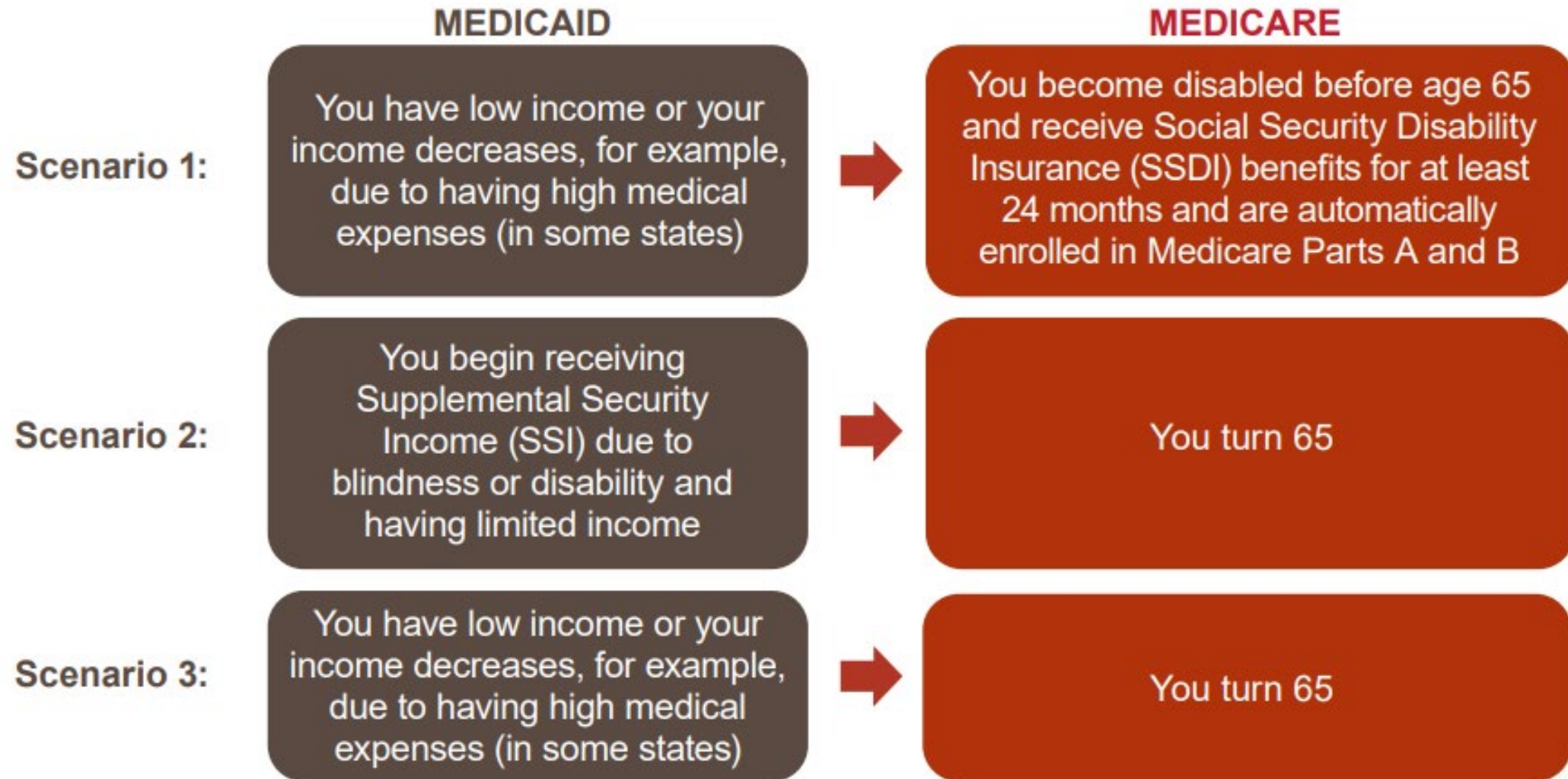
Sources:

- ICRC – Dually Eligible Individuals: The Basics, 2021
- HHS – Analysis of Pathways to Dual Eligible Status, 2019

Common scenarios: Medicare first



Common scenarios: Medicaid first



Billing and Financial Help



Overview of billing and payors

First Payor

Medicare always pays first for medically necessary, Medicare-covered services that are also covered by Medicaid, such as inpatient and outpatient care.

Second Payor

Medicaid pays next for services that Medicare does not cover or only partially covers, such as long-term services and supports.

Last Payor

As the payor of last resort, the **RWHAP** pays for HIV-related services that Medicare and Medicaid do not cover or only partially cover.

What is the role of RWHAP and RWHAP Part B ADAP?

- RWHAP, including RWHAP Part B AIDS Drug Assistance Program (ADAP), may help clients pay for Medicare and Medicaid coverage.
- Assistance may include coverage for:
 - Premiums and cost-sharing associated with Medicare Parts B, C, and D
 - Outpatient and ambulatory care under Medicare Part B
 - Prescription drug coverage under Medicare Part D that includes at least one drug in each class of core antiretroviral therapeutics.
 - Medicaid premiums, deductibles, and copayments, if any.
- For more information, see HRSA HAB Policy Clarification Notice (PCN) #18-01.

RWHAP coverage of medical costs

- RWHAP program income, grants, and rebate funds can be used to pay for the Health Insurance Premium Cost-Sharing Assistance (HIPCSA) program.
 - See PCN #15-03 for use of grants
 - See PCN #15-04 for use of rebates
- HIPCSA provides help to pay for HIV-related medical premiums and cost-sharing
 - See PCNs #16-02 and #18-01
- Check with your local RWHAP Part A or RWHAP Part C programs to see if they offer this
- Additional state-specific coverage may be available – check with your local RWHAP Part B/ADAP

ADAP coverage of prescription costs

- ADAP is the payor of last resort after Medicare and Medicaid.
- Prescription copays can be for any HIV-related medications
- Pay attention to the HRSA HAB medication exemption coverage list
 - See ADAP Manual

Knowledge Check #1

Which of the following is the correct order of payors for services provided to dually eligible clients?

- RWHAP/ADAP → Medicare → Medicaid
- Medicaid → RWHAP/ADAP → Medicare
- Medicare → Medicaid → RWHAP/ADAP
- Medicare → RWHAP/ADAP → Medicaid

Knowledge Check #1

Which of the following is the correct order of payors for services provided to dually eligible clients?

- RWHAP/ADAP → Medicare → Medicaid
- Medicaid → RWHAP/ADAP → Medicare
- **Medicare → Medicaid → RWHAP/ADAP**
- Medicare → RWHAP/ADAP → Medicaid

The correct answer is Medicare, then Medicaid, then RWHAP/ADAP – generally. Keep in mind, Medicaid never pays first for services that Medicare also covers, such as inpatient care.

Sources of financial help:

Medicare Savings Programs (MSPs)

- **Medicare Savings Programs (MSPs):** financial assistance programs where state Medicaid programs help enrollees pay for some or all of their Medicare Part A and Part B costs.
 - Qualified Medicare Beneficiary (QMB)
 - Specified Low-Income Medicare Beneficiary (SLMB)
 - Qualifying Individual (QI)
 - Qualified Disabled and Working Individuals (QDWI)
- Not available in all states
- Eligibility depends on income as a percentage of the Federal Poverty Level (FPL), as well as assets (in some states)

Sources of financial help: Medicare Savings Programs (MSPs)

	QMB Plus	QMB Only	SLMB Plus	SLMB Only	QI	QDWI
Medicare Part A Costs	100%	100%	All except premium	No	No	Premium only
Medicaid Coverage	Yes	No	Yes	No	No	No
Income Eligibility (% FPL)	≤ 100%	≤ 100%	101% - 120%	101% - 120%	121% - 135%	≤ 200%
Eligible for Extra Help	Yes	Yes	Yes	Yes	Yes	No
Type of Dual Eligibility	Full	Partial	Full	Partial	Partial	Partial

Note: Visit your state Medicaid website for more information about MSPs in your state.

Sources of financial help: **Extra Help**

- **Extra Help Program**, aka Medicare Part D Low-Income Subsidy (LIS): helps pay Medicare monthly premiums, annual deductibles, and copayments for people with Medicare prescription drug coverage and who meet income and asset limits.
- **New!** As of January 1, Extra Help is expanded to provide the full subsidy to all eligible individuals with incomes under 150% FPL
- Dually eligible clients will automatically qualify for Extra Help if:
 - They get their Medicare coverage through Original Medicare, and
 - They are already enrolled in the QMB or SLMB Medicare Savings Programs

Sources of financial help: **LINET**

- **Limited Income Newly Eligible Transition (LINET) Program:** provides temporary and sometimes retroactive prescription drug coverage until the individual is enrolled in a Medicare Part D plan.
- LINET is available for some dually eligible people who also receive Extra Help.
- Contact LINET at 1-800-783-1307 to request reimbursement for out-of-pocket costs spent on Medicare-covered drugs, minus any copays, during the retroactive period.

Enrollment Challenges and Best Practices



Common enrollment challenges

- **Lack of clarity** related to dual eligibility, including enrollment options and program benefits.
- **Passive enrollment** into integrated care plans with limited provider networks.
- **Deceptive advertisements** via TV or print mail that influence clients' enrollment decisions.
- **Failure to respond to renewal notices** from a state Medicaid program
 - May result in loss of Medicaid coverage and dual eligibility
 - May result in gaps in coverage
 - This may vary from state to state

Common challenging dual eligibility scenarios

- Medicaid beneficiaries who are turning 65 but don't qualify for premium-free Medicare Part A
 - Supplemental Security Income (SSI) recipients without 40 work credits
 - May be eligible for Medicare Part B but can't afford to pay the Part A premium
 - Should be screened for the Qualified Medicare Beneficiary (QMB) Medicare Savings Program prior to enrolling in Medicare Part A

Common challenging dual eligibility scenarios

- Medicaid beneficiaries may lose their Medicaid eligibility when they age into Medicare at 65
 - States have different Medicaid eligibility criteria for people 65+, including both income and assets
 - Usually need to reapply for Medicaid after turning 65
 - If no longer Medicaid eligible, should be screened for a Medicare Savings Program
 - If not eligible for an MSP, consider enrolling in a Medigap plan to cover the gaps in Original Medicare, or a Medicare Advantage plan

Best practices for clients



- ✓ **Update your case manager** if there are any changes to your life circumstances or health coverage needs.
- ✓ **Check your mail frequently** for important documents such as health insurance cards, as well as notices from their health insurance providers.
- ✓ **Attend RWHAP/ADAP recertification appointments.**

Best practices for case managers

- ✓ **Verify clients' contact information** is up-to-date.
- ✓ **Set up 65th birthday reminders** in your electronic health record (EHR) for clients aging into Medicare.
- ✓ Support clients to **actively enroll in Medicare and renew or reapply for Medicaid** when they turn 65.
- ✓ Look for **state-specific** financial assistance programs that help with Medicare costs.

Best practices for case managers (cont.)

- ✓ Help clients **search for a plan that includes supplemental services** that fit their needs.
- ✓ Help clients **review their medication lists** and make sure their medications are covered by their plans.
- ✓ For clients enrolling in a Medicare Advantage plan, **verify that their existing providers are in-network.**
- ✓ Work with providers and/or RWHAP, including the AIDS Drug Assistance Program (ADAP), to **make sure clients have enough medications** to get through coverage transitions.
- ✓ **Get trained** as a State Health Insurance Assistance Program (SHIP) counselor.

Best practices for RWHAP organizations

- ✓ **Partner with local aging agencies** to identify resources and strategies to support clients aging into Medicare.
- ✓ **Work with your State Health Insurance Program (SHIP)** to troubleshoot Medicare enrollment issues.
- ✓ **Consider becoming a SHIP-certified organization** and encouraging staff who work with RWHAP clients to become trained and certified as SHIP counselors.
- ✓ **Make sure RWHAP staff are familiar with Medicaid eligibility criteria in your state** and understand the pros and cons of integrated care plans.

SHIP TA Center

- **State Health Insurance Assistance Program (SHIPs):** state-based programs that provide local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.
- Visit shiphelp.org to find a SHIP location near you and find out what state and local programs your clients may be eligible for.

Become a certified SHIP Counselor

- Becoming a certified Medicare SHIP counselor is an ideal way for RWHAP and ADAP staff to assist clients with their Medicare needs.
- SHIP counselors are trained to understand the options available to all Medicare beneficiaries.
- RWHAP and ADAP staff have a better grasp on the coverage needs of people with HIV and the things that may be important for ADAP clients to consider that a SHIP counselor trained to help all Medicare beneficiaries may not know.
- Connect with a local SHIP counselor organization to ask about getting trained.

Resource Round-Up



ACE TA Center Medicare Resources

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. 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.¹

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 RWHP, than ever before.

50+ Of the more than half a million clients served by the RWHP, 44.4 percent are aged 50 years and older.²

Medicare Beneficiaries Living with HIV³

- 79% are under age 65 and qualify due to disability (compared to 17% of Medicare beneficiaries overall)
- 21% are aged 65+ (53% of these clients became eligible based on age alone)
- 69% are dually eligible for Medicare and Medicaid

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 RWHP clients to enroll in Medicare?
4. How can the RWHP help clients with Medicare costs?

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

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.

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:⁴

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. 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.⁵

Standard Level of Coverage for All Medicare Drug Plans

All Medicare drug plans must provide a standard level of coverage and cost 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.

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 RWHP, 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?

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

ACE TA CENTER MEDICARE TOOL

How Medicare Enrollment Works

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 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?

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.

Medicare Parts At-a-Glance

- H Hospital coverage
- Medical coverage
- Medical coverage
- Prescription drug coverage

ACE TA Center Medicare Resources

ACE TA CENTER MEDICARE TOOL

One-on-One Medicare Enrollment Assistance for Ryan White HIV/AIDS Program Clients

Enrolling in Medicare — including understanding the different parts of Medicare, the distinction between Original Medicare and Medicare Advantage plans, and the various enrollment timelines — can be confusing.

Providing one-on-one enrollment assistance is an important way to ensure that your Ryan White HIV/AIDS Program (RWHAP) clients enroll in the best Medicare coverage option to meet their health care needs. One-on-one enrollment assistance also supports coverage affordability and promotes coordination with other RWHAP program resources.

Medicare Counseling from your local State Health Insurance Assistance Program (SHIP)

To support Medicare enrollment, RWHAP programs can work with their local State Health Insurance Assistance Program (SHIP). SHIPs are state-based programs that receive funding from the federal government to provide free, local, and unbiased health coverage counseling and information to people who are enrolled in Medicare or who are about to become eligible for Medicare. There are SHIP programs in all 50 states, as well as Washington, D.C., Puerto Rico, Guam, and the U.S. Virgin Islands.

SHIP programs can help:

- People who are aging into Medicare at age 65 (or who are leaving work-sponsored insurance after age 65) navigate the enrollment process, including what Medicare does and does not cover.
- People who are under the age of 65 and newly Medicare eligible because of a disability but not yet enrolled in all the parts of Medicare they may need.
- People who are already enrolled in Medicare and want to change or better understand their options and coverage.
- Family members or caregivers that need help supporting a Medicare beneficiary.

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of the State Health Insurance Assistance Program (SHIP). SHIP can support Medicare-eligible clients, and how RWHAP program staff can become trained SHIP counselors.

Find the answers to these questions:

1. How can the SHIP program help clients who are eligible for Medicare?
2. How can RWHAP program staff become trained SHIP counselors?

ACE TA CENTER MEDICARE TOOL

Transitioning from Marketplace to Medicare Health Coverage for Ryan White HIV/AIDS Program Clients

Helping people enrolled in Marketplace health plans to transition smoothly to Medicare coverage once they become eligible can be a complicated process.

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with the information to help their clients navigate the transition from Marketplace to Medicare and includes answers to the most frequently asked questions on this topic.

Key Takeaways:

- 1. Clients should enroll in Medicare when eligible.**
When clients who are enrolled in Marketplace health coverage become eligible for Medicare, it's important that they enroll in Medicare for several reasons that are discussed in detail throughout this resource. Delaying enrollment or dropping Medicare coverage may result in financial penalties, and clients may miss out on more comprehensive and/or affordable coverage.
- 2. Enrollees may be able to keep their Marketplace coverage after transitioning to Medicare.**
If a Marketplace enrollee wants to keep their Marketplace coverage in addition to Medicare, they can do so, but they need to terminate any Marketplace financial assistance (advance premium tax credit/cost-sharing reductions) they receive.
- 3. Medicare enrollees should drop Medicare coverage before enrolling in Marketplace.**
It is not recommended for Medicare enrollees with HIV to change over to Marketplace coverage. They will need to drop their Medicare coverage first, and therefore will experience a gap in coverage. Also, if they receive premium-free Medicare Part A (hospital coverage), they will also have to repay the government for all the health care services they received while enrolled in Medicare, as well as their Social Security or Railroad retirement benefits.
- 4. Provide assistance with Medicare enrollment questions before assisting with Marketplace enrollment.**
Overall, if someone is enrolled in or eligible for Medicare or does not know if they are eligible for Medicare, enrollment assistants should address any Medicare enrollment questions first, before assisting with Marketplace enrollment. Each state has a State Health Insurance Program (SHIP) that provides free help with Medicare enrollment.

Visit TargetHIV.org for more Medicare resources for RWHAP clients and other people with HIV:

- The Basics of Medicare for RWHAP Clients
- Medicare Prescription Drug Coverage for RWHAP Clients
- How Medicare Enrollment Works

targethiv.org/ace/medicare

ACE TA CENTER MEDICARE TOOL

Financial Help for Medicare Medicare Savings Programs and the Extra Help Program for Ryan White HIV/AIDS Program Clients

What is a Medicare Savings Program?

Medicare Savings Programs (MSPs), also known as Medicare Buy-In programs or Medicare Premium Payment programs, are federally funded programs administered by each individual state for income eligible Medicare beneficiaries. These programs help pay for some or all of an enrollee's Medicare premiums and out-of-pocket expenses. MSPs help people with limited income and assets.^{1,2}

Clients who are approved for an MSP (with one exception, described below), are then automatically eligible for **Extra Help**, a federal program that helps pay for some or most of the out-of-pocket costs associated with Medicare prescription drug coverage (Medicare Part D).^{1,2}

Medicare Savings Programs are paid for by state Medicaid programs.

What Types of Medicare Costs Are Covered?

Medicare Savings Programs may be able to pay the monthly premium for Original Medicare (Medicare Parts A and B) and other out-of-pocket costs (such as deductibles, co-insurance, and copayments), depending on the specific program.^{1,3}

Most enrollees may already qualify for **premium-free Medicare Part A** coverage if they or their spouse paid Medicare taxes while working for a certain amount of time (roughly 10 years of full-time work).

Find the answers to these questions:

1. What are the different Medicare Savings Programs?
2. What is the Extra Help program?
3. How can you support RWHAP clients to enroll in Medicare Savings Programs?
4. What are other sources of financial help for Medicare premiums and out-of-pocket expenses?

Learn more about the Medicare Savings Program:

www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs

Client Resource: The ABCDs of Medicare Coverage

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 RWHAP and its AIDS Drug Assistance Program (ADAP) can 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 received in a skilled nursing facility, hospice care, and some home health care.
- 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 cost of outpatient prescription drugs, including HIV medication.

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

ACE TA Center | The ABCDs of Medicare Coverage | Page 1

targethiv.org/ace/medicare

Tool: Medicaid 101 for RWHAP Recipients and Providers

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.

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.

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

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

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

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targethiv.org/ace/medicaid

Tool: Fundamentals of Medicare- Medicaid Dual Eligibility

targethiv.org/ace/dual-eligible

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

This resource provides Ryan White HIV/AIDS Program (RWHP) 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 RWHP 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 RWHP 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.

Client Resource: Understanding Dual Eligibility

targethiv.org/ace/dual-eligible

Understanding Dual Eligibility: A Guide for People with HIV About Medicare and Medicaid Coverage

You may be eligible for both Medicare and Medicaid.

Medicare and **Medicaid** are both government-funded health coverage programs that help people pay for their health care costs. **Medicare** is the federal program for people who are 65 and older, people under 65 with a qualifying disability, or people of any age who have end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS). **Medicaid** is a state-run program for people who have limited income who may also belong to a specific population group, such as pregnant people, individuals with disabilities, and the elderly. Some people are **dually eligible**, which means they qualify for both programs at the same time. The term dual eligibility means the same thing as "dually eligible."

Medicaid: Did You Know?

Medicaid may have a different name depending on where you live. For example, **Medicaid** is referred to as "MassHealth" in Massachusetts, "Medi-Cal" in California, and "KanCare" in Kansas.

Medicaid looks different depending on where you live. Not only does **Medicaid** eligibility vary from state to state, but your state **Medicaid** program may offer multiple plan options, each with a different set of eligibility criteria and benefits, and often with another name.

People who are **dually eligible** for both **Medicare** and **Medicaid** can receive different levels of **Medicaid** benefits.

- **Full dual eligibility:** You qualify for full state **Medicaid** benefits as well as full **Medicare** benefits, and your state **Medicaid** program provides financial help to cover your **Medicare** costs.
- **Partial dual eligibility:** You qualify for full **Medicare** benefits, and your state **Medicaid** program provides financial help to cover some of your **Medicare** costs.

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Additional resources for elders and people with disabilities

- **Eldercare Locator:** a nationwide service that connects older Americans and their caregivers with local sources of support for housing, insurance and benefits, transportation, and more.
 - Visit eldercare.acl.gov and enter your location to find resources near you.
- **Disability Information and Access Line (DIAL):** a national network of organizations that serve people with disabilities that connects callers to information and essential services that promote independent living.
 - Visit acl.gov/DIAL
 - Email DIAL@usaginganddisability.org
 - Call 1-888-677-1199

Poll #3

What types of dual eligibility TA or training resources would be most helpful for you? (Check all that apply.)

- Job aid for case managers
- e-learning module
- Webinar
- Discussion guide
- Consumer fact sheet
- Consumer-facing posters
- Other (let us know in the chat!)

Questions?



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Watch Parts 1 and 2 on demand!

- The Basics of Medicare for RWHAP Clients
- Medicare Enrollment and Coverage for RWHAP Clients

targethiv.org/ace/webinars

Thank you!



targethiv.org/ace

Sign up for our mailing list, download tools and resources, and more.

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