Webinar Resource Transcript
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Medicare-Medicaid Dual Eligibility for Ryan White HIV/AIDS Program (RWHAP) Clients

Molly Tasso: Good afternoon everyone. We're going to wait just about one more minute for folks to join and then we'll get started. All right. I think we can go ahead and get started and folks will join us as they're able this afternoon. So, good afternoon everybody and welcome to today's ACE TA Center webinar. My name is Molly Tasso and I'm the project director of the ACE TA Center. And I want to thank you for joining us today for the last installment of our three-part webinar series on Medicare-Medicaid and Dual Eligibility for Ryan White Clients. We are going to chat out a link to download today's webinar slides right now, so you can follow along throughout the presentation if you would like. Before we get started, just a few technical details for anyone who might be new to our webinars.

First attendees are in listen-only mode, but we encourage you to ask lots of questions using the chat box. You can submit questions at any time during the webinar through the chat box and we'll take as many as we can at the end of today's session. And then if you think of something later or maybe we didn't get to your question, you can always email us at acetacenter@jsi.com. The easiest way to listen to the webinar is through your computer. So if you can't hear very well, we recommend checking to make sure that your computer audio is turned on and the volume is turned up. And if you're still having issues, try closing out and rejoining the Zoom webinar session. If you would like to or need to go ahead and call in using your phone, you can see the call-in information there on the slide and we will also chat out the call-in number, the webinar ID and the password.

So before we get going, just a few notes about the ACE TA Center. Again, if you're new to joining us for our webinars, the ACE TA Center helps build the capacity of the Ryan White community to navigate the changing healthcare landscape and help people with HIV to access and use their health coverage to improve health outcomes. Specifically we support Ryan White recipients and sub-recipients to engage and enroll and retain clients in Medicare, Medicaid and individual health insurance options to build organizational health insurance literacy, thereby improving client's capacity to use the healthcare system and communicate with clients about how to stay enrolled and how to use health coverage. We do this by developing and disseminating best practices and supporting resources and by providing technical assistance or TA and training through the national and local activities.

Our audiences rather include program staff, clients, program managers and administrators, and also people who help enroll Ryan White clients such as navigators and certified application counselors. Today we'll be focusing primarily on resources for case managers and other staff that work directly with Ryan White clients. You'll see here is our webinar. Today's webinar... Excuse me.

This is our website and today's webinar will be archived on target HIV at targethiv.org/ace. You'll all receive an email after today's webinar with a link directly to the archived webinar so you can share it with your colleagues, and also any tool or resource that we talk about or discuss today, we'll be chatting out links, but you can also find everything on our website. So please check out our website and you can also subscribe to our email newsletter list.

All right. So as I mentioned earlier, this is a webinar part of a three-part webinar series. So if you miss part one, we covered the basics of Medicare eligibility. Part two, we covered Medicare enrollment and coverage. And again, all of these are archived on our website, so if you want a refresher or you weren't able to join us, we recommend that you check those out. Again, we'll be chatting out the links to the recordings and related materials for those webinars right now. All right. So the plan for today, first we're going to provide an overview of the fundamentals of dual eligibility. We'll then discuss the billing considerations and financial help options available to duly eligible individuals. We'll then cover enrollment challenges and best practices for duly eligible clients, case managers and Ryan White organizations. And finally, we'll share helpful ACE TA center resources and external supports of enrollment support for working with duly eligible clients.

All right. So quickly, I am very happy to be joined by a few of my colleagues. So, Christine Luong is the research and policy associate for the ACE TA Center. She has over four years experience in mixed methods research, health policy analysis, GIS and data visualization and materials development for Ryan White recipients, sub-recipients, clients in a variety other audiences. Anne Callachan is the bridge team project manager at the Community Resources initiative, which administers the Massachusetts ADAP program, also known as HDAP. Anne has over six years experience navigating health insurance from Massachusetts HDAP clients, through her leadership of the benefits resources, infectious disease guidance and engagement, the bridge, health insurance enrollment team. Anne is a certified Medicare SHINE or SHIP counselor and also a certified application counselor for the Massachusetts insurance marketplace. She provides TA for providers and enrollees using materials development and virtual training.

So before I hand it over to Christine to get us started, we have two polls. So we're going to get started with this first one. So we're curious how familiar you are with Medicare-Medicaid dual eligibility. Have you never heard of it? Completely new? Do you work with duly eligible clients, but maybe don't understand the basics? Maybe you don't work with duly eligible clients, but understand the basics. You both work with duly eligible clients and understand the basics, or you know more than the basics and would like to learn more. Or

maybe you're an expert, in which case please do tell us. We'll give folks a few more moments to respond.

All right. I think we can go ahead and close it out and share the results. So it looks like 45% work with duly eligible clients, but don't have a good grasp on the basics. And about 30% work with duly eligible clients and understand the basics. And a handful of you have never heard of it and we don't have any experts yet, which is the key word there yet, our goal is after today's presentation and after using our resources, you will be an expert. So I feel very confident about that. So we can close out this first poll and move to the second. Second, we're curious what aspects of dual eligibility are you interested in? You can select more than one response. And if you're interested in something that's not there on the screen as an option, please feel free to let us know in the chat. We'd love to hear about what is useful and helpful for you all in the field.

We'll give folks a few more moments. All right. Please check the chat. You don't see anything in the chat, but please do answer if there's anything additional that you want to add, we can go ahead and close out the poll and share the responses. So it looks like overwhelmingly folks are quite interested in eligibility criteria and pathways, who pays for what and when, and then also coverage options including integrated care and impact on clients. Obviously folks are quite interested in all of these. So, looks like everything that we're going to be sharing today is something that you all are quite interested in. And with that, I'm going to hand it over to Christine, who's going to get into the fundamentals of dual eligibility.

Christine Luong: Thank you so much, Molly, and good afternoon everyone. So I'm going to kick us off with some dual eligibility basics to get us all on the same page. So first and foremost, at the most simplest level, dual eligibility is when a person is eligible for both Medicare and Medicaid at the same time. So as you all may know, Medicare is a federal program, while Medicaid is a state program that's guided by federal rules. Now both programs are important sources of health insurance or health coverage for Ryan White clients. And for a bit of context, half of all Ryan White clients across the country are covered by either Medicare. So 11%. Covered by Medicaid, that's 31%. Or are duly eligible for both programs at the same time. So that's about 8% of folks.

There are three ways that someone can become eligible for Medicare. The first is by being age 65 or older. The second is being under age 65 with a qualifying disability. And the third is, if they have end stage renal disease or ESRD. We will mostly be focusing on the first two pathways in this webinar series. It's the aging pathway and the disability pathway. Now, Medicaid eligibility on the other

hand, varies from state to state. In general, Medicaid is available to people who are considered low income by their state and, or if they are part of a specific population group. That includes children, pregnant women, adults and families with dependent children, people with disabilities, elderly people age 65 and over, and another group that we refer to as the Affordable Care Act or ACA expansion group. And so, since Medicaid eligibility is dependent on both financial and non-financial factors, the bar graph that's on this slide here illustrates all of those Medicaid eligibility categories by federal poverty level.

So I want to draw your attention to the three categories that's on the right side of this graph here. That's indicated by the three red bars. So these three categories. Individuals with disabilities, people age 65 and older, and the ACA expansion group, these three are the most relevant when we think about how Medicaid intersects with Medicare. And this last group, the ACA expansion group refers specifically to single childless adults with incomes up to 138% of the federal poverty level. FPL. Many states have adopted the option to expand their state Medicaid programs to include income-based eligibility up to 138% FPL. And some states have not adopted the Medicaid expansion option. In expansion states, medicaid eligibility is based on income alone and it is not dependent on meeting another eligibility category, like disability for example. And we will chat out a link with more information about how Medicaid works with the Ryan White program and how it supports people with HIV.

So on this slide here is a map that illustrates each state's Medicaid expansion decision, as of December 2023. The states that are in the dark blue here are expansion states, which for our purposes here today means that those who are single childless adults with incomes up to 138% FPL in that state are eligible for their state Medicaid program without having to meet any of the other eligibility requirements. And the states in orange are the non-expansion states. Which means that, in order to be eligible for Medicaid in that state, individuals must meet both the income requirements and belong to one of the population groups that we showed on the previous slide. We will also chat out a link to an interactive map from the Kaiser Family Foundation, with more details each state's Medicaid expansion status.

So now that we've covered the basics of Medicare eligibility and Medicaid eligibility, we're going to talk about the different types of dual eligibility. So let's talk about full benefit first. So someone who is considered full benefit is going to receive the standard package of Medicare benefits, as well as the full range of Medicaid benefits that's available in their state. Someone who is full benefit must be enrolled in Medicare part A and or part B, as well as full benefit

Medicaid in their state. And this is the most common type of dual eligibility with 71% of all duly eligible people falling into this category.

The other type of dual eligibility is called partial benefit. So someone who is considered partial benefit will receive the standard Medicare package of benefits. So same as for folks who have full benefit. And they will also... Their state Medicaid program will provide some financial assistance to help pay for their Medicare premiums and or their other Medicare cost sharing. They must be enrolled in Medicare part A and or part B. So the same as full benefit folks as well as a state administered Medicare savings program or MSP. And we will definitely be talking more about MSPs later in the presentation. Now, partial benefit dual eligibility isn't as common overall it covers about 29% of all duly eligible people. And so the major difference between full benefit and partial benefit dual eligibility has to do with the level of Medicaid benefits that a person receives.

So let's put all of this into context with some numbers. So there are over 12 million duly eligible people in the US and this number is growing. About two thirds of all Medicare beneficiaries with HIV are duly eligible, and one quarter of Medicaid beneficiaries with HIV are also duly eligible. Within the Ryan White program, about 7.5% to 8% of clients are duly eligible. And among that group in particular, 80% of all duly eligible Ryan White clients are aged 50 and over, and 30% are age 65 and older. And this is important because, as many of us know, the Ryan White population is aging and will be in need of more intense later-in-life HIV care due to accelerated aging disability and so on.

In general, people who are duly eligible for Medicare and Medicaid, tend to have more complex health needs compared to people who are not duly eligible. And among duly eligible people with HIV specifically, they are more likely to have multiple chronic illnesses or functional disabilities that limit their ability to care for themselves independently. Now at this point you may be wondering, so how does someone become duly eligible in the first place? So there are three possible pathways and let's take a look at the pie chart that's on this slide. So the first and the most common way that becomes eligible, duly eligible is they become eligible for Medicare first. So that's that red slice over there and then they become eligible for Medicaid later on. And two-thirds of duly eligible people fall into this category. The second pathway, which covers about 27% of people in that blue wedge over there, that's when a person becomes eligible for Medicaid first and then becomes eligible for Medicare later on.

And then there's this third pathway which is much less common at 5% of folks. This is where a person becomes eligible for both programs simultaneously. We

actually will not be focusing on this pathway today since it is pretty rare. So, let us explore the first two pathways in more detail. So in this Medicare first pathway to dual eligibility, I'm going to describe two common scenarios. So in scenario one and individual becomes eligible for Medicare first through the aging pathway by turning 65. And then at a later point in time they become eligible for Medicaid after age 65, because their income decreases due to retirement, for example, or having high medical expenses in some states, for example, as well as meeting the other Medicaid eligibility criteria in their state. In scenario two, an individual becomes eligible for Medicare first through the disability pathway. So that means they became disabled before age 65, they received social security disability insurance for at least 24 months, and then they became automatically enrolled in Medicare.

And then they become eligible for Medicaid, at a later point in time, because their income decreased due to being unable to work for example, or having high medical expenses in some states for example as well. And these two scenarios on this slide aren't the only ways that someone can become duly eligible by qualifying for Medicare first, but we highlight them here because they are the most common.

Next slide. Thank you. And then, let's talk about the Medicaid first pathway. So there are three common scenarios here. In scenario one, an individual becomes eligible for Medicaid first, by meeting the low income requirements for their state Medicaid program. Including having high medical expenses in some states. And then later on they become eligible for Medicare through the disability pathway. So again, that's becoming disabled before age 65, receiving SSDI benefits for at least 24 months, and then becoming auto-enrolled in Medicare. In scenario two, an individual becomes eligible for Medicaid first by receiving Supplemental Security Income or SSI due to blindness, disability or having limited income, as defined by their particular state's Medicaid program. And then, later on they become eligible for Medicare through the aging pathway by turning 65.

And then lastly, in scenario three, an individual becomes eligible for Medicaid first by meeting the low income requirements for their state Medicaid program and then becoming eligible for Medicare by turning 65. Once again, the examples on this slide are not the only ways that someone can become duly eligible by qualifying for Medicaid first, but we highlight them here because they are the most common. So now we're going to switch gears a little bit and talk about billing considerations and financial help for duly eligible clients. So how does the Ryan White program and the Aged Drug Assistance Program, ADAP work with Medicare and Medicaid? As you all may know, the Ryan White

program and ADAP, they are not health insurance, but they also don't exist in a silo. The Ryan White program is a safety net program that also interacts with insurers and payers, including Medicare and Medicaid.

They work with area agent agencies and other local organizations to provide cross-training and share resources to support clients. So when paying for services that are provided to dually eligible Ryan White clients, the order of payers is Medicare, then Medicaid and then the Ryan White Program and ADAP. So, Medicare as the first payer will always pay first for medically necessary, Medicare covered services that are also covered by Medicaid. So that includes things like inpatient and outpatient care. Medicaid as the second payer, will pay next for any Medicaid covered services that Medicare either doesn't cover at all or only partially covers like long-term services and supports. And then the Ryan White program as the payer of last resort will pay last for any HIV related services that Medicare and Medicaid either don't cover or only partially cover. So again, the Ryan White program, including ADAP, is considered the payer of last resort.

In addition to picking up the tab on the cost of eligible services that are unpaid or partially paid by Medicare and Medicaid, the Ryan White program including ADAP, can also help dually eligible clients with things like medical case management and support services, enrollment into health coverage including Medicare and Medicaid of course, and linkage to local, state and federal assistance programs that can help clients further reduce their out-of-pocket costs. The Ryan White program, including ADAP, may also help clients pay for their Medicare and Medicaid coverage. So this may include things like premiums and cost sharing for Medicare parts B, C and D. Outpatient and ambulatory care under Medicare part B. Prescription drugs under Medicare Part D, that includes at least one drug in each class of core antiretroviral therapeutics. And Medicaid premiums, deductibles and co-pays if the client has any of those. And this is determined on a jurisdiction by jurisdiction basis, when paying for the sort of coverage is determined to be cost-effective for the program. So you should always be checking with your state ADAP or Ryan White program to find out what's covered in your particular jurisdiction.

For more information about using Ryan White Funds for healthcare coverage premium and cost sharing assistance, you can see this policy clarification notice or PCN 18-01 and we will chat out a link to that as well. Now again, the Ryan White program is the payer of last resort for HIV related medical costs. In general, Ryan White program income grants and rebate funds can be used to pay for HIV related health insurance premiums and cost sharing through the health insurance premium cost share assistance or HIPCSA program. We will

chat out the links to the two relevant policy clarification notices, 15-03 and 15-04, that specifies how grants and rebate funds can be used. And we'll also chat out the link to PCN 16-02, which specifies allowable costs using Ryan White dollars.

Now, one thing you may have noticed from the previous slide in regards to Medicare premiums and cost sharing is that, I only talked about Medicare parts B, C and D. the Ryan White Program is not able to help clients with Medicare part A premiums or cost sharing. And that is because Medicare Part A is specific to inpatient hospital coverage, which is an un-allowable cost by statute. With regards to helping your duly eligible clients with their other Medicare and Medicaid premiums and cost sharing, always, always check with your local Ryan White part A and part C program to see if they offer this type of assistance. Not every state Ryan White program is allowed to cover premiums, for example. An additional state specific coverage may be available through your local Ryan White part B or ADAP.

In terms of coverage for prescription costs. So ADAP is also the payer of last resort for prescription drugs after Medicare and Medicaid. ADAPs will always cover prescription copays for HIV-related medications and ARBs. But when it comes to those non-HIV medications, keep in mind that each state's ADAP formulary is going to look different. So, you should contact your local ADAP to find out what medications are covered and which medications are on the exemption list.

So we are going to do a quick knowledge check to reinforce what we've just learned. So please answer the question as it pops up on your screen. Which of the following is the correct order of payers for services provided to duly eligible clients? So we'll give folks a few seconds. And I think we can close the poll and share our responses. Awesome. So, 95% of you chose Medicare followed by Medicaid, followed by the Ryan White Program and ADAP. And that is the correct answer. So keep in mind, Medicaid as the second payer is never going to pay first for any services that Medicare as the first payer also covers such as inpatient care. However, if a specific service isn't covered by Medicare, but is covered under Medicaid, then Medicaid will pay first for that service. And of course the Ryan White Program and ADAP will pick up the tab afterwards if there are any remaining costs that they are allowed to cover.

Okay. So now let's talk about sources of financial health. I'm going to start with Medicare Savings Programs or MSPs, which I first mentioned earlier in the presentation. So Medicare Savings Programs, MSPs, these are financial assistance programs that are administered by state Medicaid programs. They

help Medicare enrollees pay for some or all of their Medicare part A and part B costs. You may also know them as Medicare buy-in programs or Medicare premium payment programs. So those terms are one and the same. And what I'm about to present is really meant to be a general guide to MSPs. There are four main types of MSPs and I am going to introduce quite a few acronyms here. And then later when we get to the next slide, I'm going to break down each of these programs in more detail. So the first MSP is the qualified Medicare Beneficiary or QMB program. This is broken down into QMB Plus and QMB only.

The second MSP is the Specified Low Income Medicare Beneficiary, SLMB program, also broken down into SLMB Plus and SLMB only. And the third MSP is the Qualifying Individual or QI. And the fourth MSP is the qualified Disabled and Working Individuals, QDWI program. I want you all to keep in mind that not every state offers all four of these options. And what makes it even trickier is that, they can also have different names depending on the state that you live in. Also note that the eligibility criteria for each of these programs is dependent on the individual's income as the percentage of the federal poverty level. And in some states they will also take into account their non-monetary assets as well. So this slide basically summarizes all of the different types of Medicare savings programs that I introduced on the previous slide. So, we can get started from left to right. I want you all to take a look at the second and third columns in this table, where we have the QMB Plus and the QMB only programs.

So the QMB program is the most comprehensive of all of the Medicare savings programs. And actually the vast, vast, vast majority of duly eligible people will qualify for this program. QMB pays for 100% of all Medicare part A and part B premiums, deductibles, co-insurance and co-pays. It has the most restrictive income limit of all the Medicare savings programs. So up to 100% FPL. Individuals who enroll in the QMB program also qualify for Extra Help with their Medicare prescription drug costs. The only difference between QMB Plus and QMB only those two columns, is whether the client receives Medicaid coverage from their state as well. So with the QMB Plus program, the client does also receive Medicaid coverage from their state, which makes them a full benefit dual. And with the QMB only program, the client does not receive Medicaid coverage from their state, which makes them a partial benefit dual, which you can see on the second to last row on this table.

Moving on to the fourth and fifth columns in this table, we have the SLMB Plus and the SLMB only programs. In both of these, the income eligibility is a little bit higher at 101 to 120% FPL. And clients are also eligible for Extra Help with their Medicare prescription drug costs. What is different is that, with the SLMB plus, all Medicare Part A costs are covered except for part A premium. But if you

remember from our previous webinars, most people do not have to pay a Medicare Part A premium anyway, if they have enough Social Security work credits. SLMB Plus also covers a 100% of all Medicare Part B premiums, deductibles, coinsurance and co-pays. With the SLMB-only program Medicare Part A costs are not covered at all and only Medicare Part B premiums are covered.

And the other major difference between these two lies in the Medicaid coverage. So again, similar to what I've said for the QMB program, the plus designation means that the client also receives Medicaid coverage, which makes them a full benefit dual. And the only designation means that the client does not receive Medicaid coverage from their state and that makes them a partial benefit dual. So now let's look quickly at the QI qualifying individual MSD in the second to last column of this table. The QI program only covers the cost of Medicare Part B premiums and provides Extra Help for Medicare prescription drug costs. It does not help with any Medicare Part A costs and it does not provide state Medicaid coverage either. And then finally in the last column we have the QDWI MSP. This provides the most limited assistance of all the Medicare savings programs and it's meant for individuals who are disabled but working. It only covers the Medicare part A premium, which again only applies to individuals who did not earn enough Social Security work credits to qualify for premium-free part A.

So overall, just keep in mind, not all states have all of these MSP options. You should always contact your state Medicaid program for more information about programs that are available in your specific state and also state-specific policies such as whether these programs will cover Medicare Advantage premiums, in addition to original Medicare premiums. And we're going to chat out a link that includes all of this information as well as monthly income limits for each of these programs in 2024.

Okay, so that was a lot. So let's move on now to the Extra Help program. You may know this program as the Part D Low Income Subsidy or LIS program. So, Extra Help is a federally administered program that helps people with their monthly premiums, deductibles and co-pays for Medicare Part D prescription drug coverage, assuming that they meet the income and asset limits for this program. For a little bit of context, 74% of Medicare Part D beneficiaries with HIV in 2020, qualify for the Extra Help program and most of those individuals were duly eligible. Enrolling in Extra Help will also eliminate any Medicare Part D penalties that your client may have incurred.

Now up until recently, there used to be two tiers of Extra Help that were called the full subsidy and the partial subsidy. As of January 1st this year, Extra Help is expanded to provide the full subsidy to all eligible individuals with incomes under 150% FPL. Duly eligible clients will automatically qualify for Extra Help if they get their prescription drug coverage through original Medicare and if they're enrolled in the QMB, SLMB or QI Medicare savings programs. So basically all of those except for QDWI. If your client has prescription drug coverage through a Medicare Advantage plan, they may also qualify for Extra Help as well, but they're going to have to actively apply for the program. And if they're eligible, Extra Help will reduce their Medicare Advantage premium by paying the portion of the premium that's associated with Part D prescription drug coverage. And we'll chat out some links about this program as well as how to apply.

And the last source of financial help that we're going to cover today is the Low Income Newly Eligible Transition or LINET program. LINET is a Medicare program that's administered by Humana and it provides temporary and sometimes retroactive Medicare Part D coverage. So this program is for people who qualify for Extra Help and have either both Medicare and Medicaid or both Medicare and SSI, which covers most duly eligible individuals. LINET is also available to people who were on Medicaid and are waiting for their Part D coverage or their Medicare Advantage coverage to start. If you receive retroactive coverage, you can contact LINET to request to be reimbursed for all of the out-of-pocket costs that you may have spent on Medicare-covered drugs, minus any copays during that retroactive period. And we'll chat out a link to a webpage with more information about LINET, as well as a link to our financial help from Medicare cost tool, which covers all the programs that I discussed in this section. And now I will pass it over to Anne to talk about enrollment challenges and best practices.

Anne Callachan: Thank you Christine and Molly and thank you all for joining us today. So, I am going to review some common enrollment challenges related to dual eligibility and then follow up with some best practices related to triaging or trying to avoid these types of problems. So a common challenge for dual eligibles is understanding how Medicare and Medicaid coverage works. And, Christine did a really good job in trying to detail some of that in the previous slides. Medicare and Medicaid are two distinctly different programs that tend to not always cover the same things, were not always cover them in the same way. Add into this that dual eligibles with Medicare savings programs or Extra Help also need to understand the benefits associated with those programs. Christine was just reviewing that individuals with Extra Help may have temporary coverage through Medicare's LINET prior to being enrolled in Medicare Part D plan.

Understanding all of the various mailings that are sent out to Medicare beneficiaries that detail these programs and enrollments is complicated.

Some states auto enroll dual eligibles into integrated care plans, which are plans that coordinate the benefits associated with Medicare and Medicaid into one plan. These plans can be great for many people. They offer a lot of extra benefits and perks, but they may not work with individuals whose providers don't accept those integrated care plans. So this can add a whole other complicated scenario here for people to try to navigate and understand the mail and maybe opt out of those passive enrollments into integrated care plans when they're happening and those plans don't work for clients. And another common challenge is the massive amount of deceptive advertising that's out there, especially during Medicare open enrollment period, but all year long it's on TV. A lot of people get mailings, sometimes people get unsolicited texts or calls. Often those are things that come from a person's current Medicare part D or part C insurance carrier trying to sell them some other coverage.

This misleading and deceptive advertising can lead to poor enrollment decisions by people who think they're going to get some better benefit through this new plan and then those enrollment decisions need to be fixed. And finally on this slide, failure to respond to Medicaid renewal notices, which can ultimately result in a loss of Medicaid eligibility and gaps in coverage for these individuals. Another common challenge for dually-eligibles is Medicare. Since most Medicare beneficiaries will qualify for premium free part A based on their work history, there is a smaller population of people who don't qualify for premium free Medicare Part A and face unique challenges as a result of this. These are typically individuals who are collecting supplemental security income and who lack the 40 work credits needed for premium free part A. These people may also have eligibility for Medicare Part B, which has a premium regardless of their work credits.

Screening these individuals for eligibility for Medicare Savings Programs, including more specifically that higher level of Medicare Savings Program, the QMB that can pay for both Medicare A and B premiums as soon as possible is really helpful when you're working with clients in this scenario. If you're working with an individual who appears to be eligible for their state's QMB program, they should submit the application to be screened for the QMB program before contacting Social Security to enroll in Medicare parts A and B.

Individuals with Medicaid face unique enrollment challenges as they age into Medicare at age 65. The eligibility for Medicaid for people who are 65 and over, may look very different from state to state. So, understanding your state's

Medicaid eligibility is important. The Medicaid renewal application tends to be long and complicated for people who are 65 and over and may require these individuals to submit both proof of income and assets. Medicaid beneficiaries who lose their Medicaid eligibility at age 65, do have other options. Make sure to screen these individuals for Medicare Savings Programs. And depending upon their Medicare Savings Program eligibility, they may want to consider enrollment into Medicare Supplement Plans or Medicare Advantage Plans that will cover their needs and their medications and help to reduce their out-of-pocket costs, since the loss of Medicaid, now that they're enrolled in Medicare. There are several best practices that Ryan White and ADAP clients should follow, including contacting their case managers with any changes to their life circumstances, their insurance coverage or their health coverage needs.

Checking their mail frequently for important notices, health insurance renewal notices, new insurance cards or premium bills, and making sure to share that information with their case managers who's ever helping them with their ADAP to see what response needs to be made to any of these notices. Understanding that letters from Social Security, Medicare and their state Medicaid program or any private insurance carriers that they have coverage through, could contain important information regarding their eligibility to maintain that coverage or any plan changes. Remind clients that failure to open or respond to important health insurance related documents could impact their coverage and result in gaps in coverage. And remind your clients about the importance of attending their Ryan White, ADAP recertification appointments and rescheduling those appointments as needed if they cannot attend.

Ryan White case managers also play an important role and can support clients by making sure to verify their client's contact information is always up-to-date. Setting up a system in their EHR or some other system to do 65th birthday reminders and support clients who are turning 65 with their Medicare enrollment and their Medicaid renewals. And, understanding the state specific assistance programs like Medicaid for people 65 and over, Medicare Savings Programs, Extra Help, understanding the eligibility criteria that varies from state to state in your state for those programs, so you can help clients get the best coverage possible as they transition into Medicare.

When assisting your clients with Medicare enrollments, search for plans that include additional services that meet your client's individual needs. Review your client's medication list and make sure their new Medicare plan covers their medications. If your client is enrolling in a Medicare Advantage plan, confirm that their existing healthcare providers accept that plan. Try to work with your clients ahead of any insurance transition to make sure they have enough

medications to get through that period. And consider getting trained as a SHIP counselor, so you are better able to help your clients with Medicare enrollment and have more knowledge about programs that in your state that can help Ryan White clients with their Medicare costs.

Ryan White and ADAP staff should partner with their local aging agencies that provide resources for clients who are aging into Medicare. They should work to establish a relationship with their state health insurance program, often known as SHIP, that helps clients with Medicare, that helps Medicare eligible people navigate their Medicare enrollment. Can't stress enough, when partnering with these agencies, they can help you with local SHIP agencies. They can help you with more complicated Medicare enrollment issues and triage Medicare problems. And becoming a SHIP counselor allows you to be able to do this work independently and better support your Ryan White clients as they become Medicare eligible.

Understand your state's Medicaid eligibility rules, especially for clients who are turning 65, who may now need not only an income test to determine their continued eligibility for Medicaid, but an asset test. And become as knowledgeable as you can about the integrated care plans that are available in your state for dual eligible clients and the pros and cons of these plans. So SHIP programs are available in every state. They provide local, in-depth, unbiased Medicare enrollment counseling to Medicare eligible individuals, their families and their caregivers. I believe we're going to chat out a link, but you can visit the shiphelp.org site to locate a SHIP counselor in your state to help you with any Medicare issues you're having with your clients.

SHIP counselors are trained to be knowledgeable about Medicare and their state's Medicaid program, including programs that help with Medicare costs like the Medicare savings programs and Extra Help. Ryan White and ADAP staff who become SHIP counselors are better able to advocate for people living with HIV, because they understand the unique needs of their clients and how their ADAPs work with Medicare. So one last reminder to contact your local SHIP program and ask about what's involved in getting trained. I am going to pass this presentation back to Molly now for some resources before we go to the Q&A. Thanks.

Molly Tasso: Thank you so much, Anne, and thank you so much, Christine. The information you all have provided has been wonderful and we received a lot of great questions. So, I'm just going to walk through somewhat quickly to highlight some ACE TA Center tools that can help you all as you are working with your duly eligible clients. I'm not going to spend a lot of time going through each of

these, but just want to share the general topic so you have an idea of what is out there to help you and where to find them. So you can see on the slide here, and these are our Medicare resources, or the first three of our Medicare resources. So we have these three tools cover the nuts and bolts of Medicare coverage and enrollment. So you've got the basics of Medicare for Ryan White clients. This one is also available in Haitian, Creole and Spanish.

You've got the Medicare prescription drug coverage for Ryan White Clients tool, as well as the tool how Medicare enrollment works. And Trisha is chatting out links to these in the chat as well for you to access. And again, all of these are on our website. On the next slide, you'll see is a number of tools that support you and your clients during the Medicare enrollment process. So looking left to right, the first tool is one-on-one Medicare enrollment assistance for Ryan White clients, which also describes how to partner with your local SHIP program and also how to become a certified SHIP counselor like Anne. The middle resource is transitioning from marketplace to Medicare coverage for Ryan White clients. And the last one focuses on the financial help for Medicare, which goes into a lot of the information that Christine was sharing earlier around MSPs or Medicare savings programs and the federal Extra Help program.

And then the last Medicare-specific resource is developed specifically for clients. So the ABCDs of Medicare coverage tool is a brief plain language tool that describes the different parts of Medicare and the differences between original Medicare and Medicare Advantage. The idea is that you can print this out and give it to a client or maybe work through it sitting together with the client on your computer, but it really is a really helpful way to introduce the topic of Medicare for folks. We also have a new tool, Medicaid 101 for Ryan White recipients and providers, which covers the common Medicaid eligibility categories for people with HIV, the application process and what the program covers. And then also how the Ryan White Program and the ADAP program can complement Medicaid coverage.

And then everything that we presented today is covered in our resource. On the next slide. The fundamentals. Thank you. The fundamentals of Medicare-Medicaid dual eligibility for Ryan White clients. And then we're very excited on the next slide to introduce to you the last and the newest of our tools that we'll share today, which is the Understanding Dual Eligibility, a Guide for Consumers about Medicare and Medicaid coverage. So this is again developed specifically for people with HIV, and again, provides a very accessible overview of the basics of dual eligibility as well as health coverage and financial assistance options specifically available for dually eligible Ryan White clients. And just like all of our consumer resources, this tool is also available in Spanish and Haitian Creole.

And then we just finally want to share a few additional resources for elders and people with disability from our friends at the Administration for Community Living or ACL. These are not limited to people with Medicare coverage or dually eligible people, but I think that they can be helpful in terms of getting clients connected to local resources that are tailored to meet their needs. So, the Eldercare Locator tool is a nationwide service that connects older Americans and their caregivers to local resources that help with housing, insurance and benefits, transportation and much more. And then the Disability Information Access Line or DIAL is a national network of organizations that serve people with any age, people of any age with disabilities and connects them to resources that promote independent living. So we'll go ahead and chat those links out now and encourage you to check those out and share with your case managers and benefit specialists as well.

So one final thing before we move to the Q and A, we want to ask you one more question. So we are curious in thinking about new tools and resources that the ACE TA Center might look to develop. We're very curious to hear from you all what types of dual eligibility TA or training resources would be most helpful? You can go ahead and check all that apply and then if there's something that would be very helpful for you or an idea that you have that's not there in the poll, please do chat it in the Zoom chat and we will be sure to take a look there. So give folks a few moments to respond.

All right. I see that all are needed, which is helpful to hear. I see someone has said that resources around dental or oral healthcare would be helpful. So that is really interesting and helpful to know as well. We can go ahead and close out the poll. Someone else shared in the chat that in-person learning and workshops would be helpful to them in their work. And then we can see in the poll responses that looks like consumer fact sheets would be very helpful, as well as job aids for case managers and E-learning modules. And folks continue to find the webinars and discussion guides helpful. So that's really all really great. I also see in the chat behavioral health mentioned access to maybe eligibility and access to behavioral health services for dually eligible folks. So that is really, really very important. So thank you everyone for sharing your feedback.

This really is helpful for us in thinking about next steps and we're hoping to continue to meet your needs. So, thanks so much. All right. We're going to pivot a bit. Not pivot, but we're going to take down the slides and we're going to move into the Q and A session. So, I want to first before we do, so we've got, you can see the presenters on the screen and we are also joined today by Amy Killelea for our Q and A. Amy is an independent consultant through Killelea

Consulting and is a federal healthcare policy expert I would say. So we're very thrilled to have Amy joining us today.

And with that, if folks want to come on video and we'll get these questions pulled up and we've got a good chunk of time for questions. So, let's see here. So we're going to start out with a question for Anne. And this was a question that was submitted with a person's registration. So just as for those of you who have burning questions, you can submit questions ahead of time when you register for our webinars. So that's a really great place and time to get your thoughts and questions out there and we definitely take note and make sure to address them during the Q and A. So this person asked, when they registered, our clients auto enrolled in Medicare Part D when they get approved for the QMB? Anne, do you want to take that one?

Anne Callachan: Yes. So if a client is not already enrolled in some type of Medicare prescription drug coverage like part D or part C, when they get approved for a Medicare savings program, programs like the QMB or Extra Help, they do get auto enrolled into Medicare Part D, and are given temporary coverage through Medicare's LINET that Christine reviewed in her slide, pending that part D enrollment. They can actively enroll into a Part D plan, rather than wait for Medicare to enroll them. But this is not typically recommended for a variety of complicated issues. It is generally better to let Medicare do that auto enrollment for them.

Molly Tasso: Great. Thank you, Anne. And another question received during registration that's somewhat of a two-parter. So Christine and then Anne... Excuse me, Amy, I'll ask you to help out as well. So the first part of the question, Christine, is asking which plan... And I think referencing original Medicare or Medicare advantage. So which plan would provide the most inclusive coverage for HIV patients?

Christine Luong: Thanks, Molly. So we can't give individual enrollment advice. But in general... And we've covered this in some of our previous webinars as well. In general, when you're working with a client and thinking about original Medicare versus Medicare advantage, you're going to have to look at your client's specific healthcare needs, their current medications and their coverage needs. So, original Medicare as with all types of health coverage, has its pros and cons. So original Medicare has a more extensive nationwide network and you don't need to choose a primary care provider or PCP. You generally don't need a referral to see a specialist if we have original Medicare. But one of the cons of that is that, each of the Medicare parts has some hidden out-of-pocket costs. With original Medicare, if you don't need a separate prescription drug coverage, you don't

need to purchase it. But if you want to, you can. You can also purchase Medigap Supplemental insurance which provides coverage if you're traveling out of the country for example. So there's some pros and cons for original Medicare there.

When it comes to Medicare Advantage, those plans have a more limited provider network and out-of-pocket costs are going to vary depending on the plan. But on the bright side, they usually will offer extra benefits that original Medicare usually would not. So those are some things to consider. In terms of prescription drug coverage considerations, whether you choose original Medicare or an advantage plan, all of those plans cover ARVs. So that's great news for Ryan White clients. One of the things that also consider though is what other non-HIV medications is your client taking? Is that covered by that plan's formulary? And so, I guess long story short is that, it really depends on the client. Most Ryan White programs will recommend original Medicare, mostly because of the more extensive [inaudible 01:09:32] coverage. The provider network I mean. But really it just depends on the Medicare advantage market where you live and your client specific needs. So I hope that's helpful.

Molly Tasso: Yes. Thank you so much, Christine. And Amy's taking a different approach to that general question. Someone asked if it would be beneficial for a client who is on Ryan White to choose a Medicare Advantage plan, because Medicaid pays their spend down.

Amy Killelea: So thanks, Molly, and we wanted to take apart this question and pull out what we can answer and then also say, there are pieces that we would need more information to answer. So I'll underscore what Christine said at the outset, which is, all of these decisions, and as you all know, working with clients are just very individually based. It's going to be a assessment of the client in front of you. So there really are no cut and dried. This is always the case for this circumstance. So with that preface, I want to break down a few parts of the question. So, we're really looking at the intersection of Medicare Advantage and choosing a Medicare advantage plan over original Medicare. Medicaid and Medicaid spend down in particular. So I want to talk about Medicaid spend down because Christine mentioned that, but just to talk how that operates. And then Ryan White.

So, let's take these in turn. As Christine mentioned, Medicare and Medicaid enrollees with slightly higher incomes, they might be eligible for Medicaid if they spend down their income due to large medical or other care expenses. So you may have heard on ACE TA Center webinars before the term Medicaid spend down, it's also called medically needy. This is basically a state option that a state Medicaid programs can choose to have about 34, including the district of

Columbia have. There was a separate question on which states have these Medicaid spend down programs. I'll chat out that link when I'm done speaking. So, a good number of states have them. And they allow folks with slightly higher income to basically deduct certain eligible healthcare expenses from that income. One state actually refers to it as a Medicaid deductible, which I think is genius. That's exactly what it is.

The Medicaid spend down is where states are allowing folks who are over income, to deduct these qualifying expenses until they meet the income threshold. It's available for specific Medicaid eligibility categories. So, that's going to be your age-blind and disabled category. Some states also allow it for parents. It's very, very specific. It is not applied to every Medicaid eligibility category. And the link that I'll share out will include what states do what and what the thresholds are. So, the states also decide what counts toward a person's spend down. So this is important and because the question references Medicaid paying the spend down. But I'm not sure that I would ask whoever asked the question to chat us back or email us back exactly what you meant by that. Because what I have seen and what many states allow is that, ADAP can meet somebody's Medicaid spend down.

So if ADAP is paying your prescription drug costs and you are incurring a lot of prescription drug cost sharing, then you can count that... Even if ADAP stepping in and paying it, that person can count that payment and deduct it from their income. So they're meeting their spend down threshold quicker. That is a state by state question. Some states don't allow ADAP or Ryan White to be counted toward the spend down most do, but that check in with your ADAP or part B. In terms of this other question of whether a person should enroll in a Medicare Advantage plan or not. Again, individual question. And I think Christine did a great job of walking through all of the considerations. I've not seen spend down being an impact there. Spend down is going to be spend down. That's not really going to change depending on if you're on Medicare Advantage or original Medicare.

But the other factors like the client needs that Christine talked about, the extra benefits that you may have in a Medicare Advantage plan, those will be important. So, hopefully that starts to answer the question and explains how the Medicaid spend down fits in in this big puzzle. But if there are additional questions, feel free to send them back our way.

Molly Tasso: Great. Thank you so much, Amy. And I'm going to close out this topic of, should they, they not benefits drawbacks. And Anne, I'm going to turn to you for a question. So someone asked, is there ever a need for a client to enroll in a

Medicare advantage plan? And they noted that they've had folks sign up, they've been approached by a particular insurance carrier and they've signed up and then it's caused problems when they need to be admitted to a rehab center, reimbursement rates are lower, it really becomes quite challenging. And Anne, you mentioned it in your presentation about some in terms of promotional and marketing tactics. So I'm wondering if you could share for folks some things, some red flags, some things to keep an eye out, some language, some phrasing that should make them question, really whether or not this might be a good option for a client.

Anne Callachan: Sure. So, I think the simple answer to this question is no. There is never a need for somebody who's dual eligible to enroll into a Medicare Advantage plan if they don't want to and don't feel that that plan will work with them. Some dual eligibles do opt to enroll in Medicare Advantage plans. But as this question mentions, sometimes doing that can cause all kinds of problems related to what's covered and how it's covered and make things more complicated. I think a lot of people opt to sometimes join those Medicare Advantage plans, because they do sometimes offer those extra benefits like vision, dental, hearing. They might offer to reimburse somebody for over-the-counter meds or give them an allowance or help with gym membership. So, it is a choice that people can make.

And I think just to highlight, one of the things that I've seen, related specifically, it's not really specifically to UnitedHealthcare, but I often find, if somebody's Medicare Part D carrier like UnitedHealthcare or WellCare, also offer a Medicare Advantage plan in this state, is sometimes those insurance carriers do reach out to beneficiaries directly and say things like, "Oh, I see you're in this UnitedHealthcare AARP part D plan. And did you know that if you move to our Medicare Advantage plan, we can give you X, Y and Z."

So, I think that is a clear hallmark to look out for and maybe try to steer clear of that or do your due diligence, if you are interested in those extra benefits and make sure they're really going to be something that benefits you.

Molly Tasso: Great. Thanks so much, Anne. I'll have you stay on. So a couple questions that we received during some previous webinars that we think are pretty well suited to be responded to here. So, someone asked a couple of weeks ago, if a duly eligible client loses SSDI and therefore Medicare, how will that person be notified that they have lost that coverage?

Anne Callachan: So they would get notified by snail mail. But, I do just want to point out that the loss of SSDI in and of itself, doesn't necessarily mean that somebody who's

maybe no longer collecting SSDI because they've gone back to work, no longer is able to maintain their eligibility for Medicare. Medicare eligibility when somebody goes back to work after they've been out on a disability can continue for many, many years if that person doesn't have other options like employer-sponsored insurance. I think the most common examples I have seen of people who stop collecting SSDI and then lose their Medicare is because, when they had SSDI, their part B Medicare premium was being paid for out of that benefit. They go back to work, they start getting billed for Part B, because they're no longer collecting SSDI. They don't understand what that bill is for and they don't pay it. A.

Nd then their Medicare part B coverage terms for non-payment. And that can create all kinds of complicated scenarios and late enrollment penalties if somebody needs to get back into Part B, because they're not able to keep working. But they will get... The simple answer without all that extra notes is, they will get notified about any loss of Medicare coverage and why they're losing that coverage.

Molly Tasso: Great. Thank you. Which is another reminder, hammering home our point that we really encourage folks to be checking their mail. And anything coming in insurance company, please do not throw away. Take a look, take it to your benefits manager, your case manager, take a look and see what's going on. All right. One more Anne question around SSI, SSDI. Someone asked, do people on Medicaid for SSI get Medicare after 24 months? Is that an automatic eligibility?

Anne Callachan: No. I've never really heard of that. SSI is Supplemental Security Income. It does not... And Medicaid itself, neither one of those things mean that somebody automatically gets eligibility for Medicare coverage after 24 months.

Molly Tasso: Great. Thank you. And speaking of paying your Medicare part B premiums, Amy, wondering if you can talk a little bit about why and if what maybe why not ADAP can or cannot pay for Medicare part B premiums specifically ADAP?

Amy Killelea: Sure. Thanks, Molly. So I think Christine mentioned that some of the Ryan White intersections with Medicare and we can certainly, if we haven't already chat out the HRSA, HIV/AIDS Bureau policy clarification notice on Ryan White and what is allowed under Ryan White in terms of helping clients with Medicare cost. And so, I'll just say, there's two parts to this question. ADAP by that guidance is technically allowed to pay the part B premiums for clients as long as they're also paying for a part D premium and or cost sharing. So as long as there's a prescription benefit there. So it is allowable, but we've seen over the years that

there have just been what are in most cases, fairly intractable administrative barriers that make this really, really tough for ADAPs to do.

And the biggest barriers for anybody, and this is a big tranche of people, for folks that are having their part B premium automatically deducted from their social security check, there's really just no way for ADAP to pay that premium for the client, because it would involve ADAP cutting a check to the Social Security Administration and there's been no movement, no path to allow ADAPs to do that. I do want to note that there are exceptions to ADAP being able to pay the Part B premium. We've heard from some ADAPs that folks who are getting railroad benefits for instance, those are administered differently than other social security benefits. So, ADAPs have actually been able to pay the part B premium directly for those beneficiaries, for ADAP clients that are not collecting social security income. So, Anne just mentioned an example where that might be the case. ADAP is able to step in and pay that part B premium if the client is billed directly.

So, it's a big technical glitch for a lot of clients, but there are pockets and really those pockets are going to appear when the Part B premium is not automatically deducted from the social security check. That might open up a path and you should obviously check with your ADAP about what's possible. And just note that there is a lot of movement to push federal agencies, including the Social Security Administration, to be able to accept ADAP checks for the Part B premium. And so, that push should continue I think.

Molly Tasso: Great. Thank you so much, Amy. And then Christine, we're going to wrap up with a final question for you. Again, tying back to the payment of premiums. So someone asked, do dually eligible clients still have to pay Medicare premiums?

Christine Luong: So the answer I guess would be, it depends. So, some duly eligible clients, if they have original Medicare, they may have a part A premium, which as we said before is kind of rare. Most people don't have to pay a premium for part A. They'll have a part B premium and a part D premium, if they have those Medicare parts. If they have a Medicare advantage plan, they have to pay a certain dollar amount on top of the part B premium. And so, depending on the particular client, it would depend on what type of Medicare savings program they qualify for and whether they receive full benefits or partial benefits. So for example, if someone is a full-benefit, dual considered very low income and they qualify for the QMB Medicare savings program, that one is the most comprehensive. Then for that individual, all of their Medicare costs, including their part A and B premiums are covered.

On the other hand, if you have an individual who is duly eligible and they have a Medicare advantage plan with a premium, that is a case where you'll have to check with your local Ryan White program to see if they're allowed to cover Medicare Advantage Premium. So it really is on a case-by-case and state-by-state basis.

Molly Tasso: Great. Thanks so much, Christine. With that, I'm going to thank everyone here on the screen for joining us for the Q and A. Thank you so much, Anne, Amy, Christine. We're going to go ahead and pull the slides up one last time and we'll wrap up. Just a few things. Thank you so much, Nikki. So again, stated at the beginning of the webinar that this is the final webinar in our three-part series. They're not necessary, you don't need to consume them all together, but they do build on one another and they're very nice complement to get the whole package of what's going on when we're talking about Medicare eligibility, enrollment and dual eligibility. So parts one and two, so again, basics of Medicare and then Medicare enrollment, those are now archived and available to watch on demand on our website. So really encourage you if there was anything today that you were a little fuzzy on in terms of Medicare or would like to go back and re-up your knowledge there, definitely check those out, as well as everything else on our website, again, targethiv.org/ace.

And then we are going to go ahead and wrap up. We ask that you please keep your webinar window open to complete the evaluation when it pops up. It's super helpful to hear your thoughts on this session, as well as the series overall. Again, just so we can continue to improve our TA offerings and provide you all with more opportunities to engage with us around this very important content. So again, as a reminder, you'll get an email about this webinar recording being available once it is available, and then you can sign up for our mailing list. Download ACE TA tools and resources and more by again visiting targethiv.org. With that, we want to thank you so much for joining us and have a great rest of your day.