

Basics of Health Coverage Enrollment: Strategies and Resources for New Program Staff

Access, Care, and Engagement (ACE) TA Center
September 23, 2020

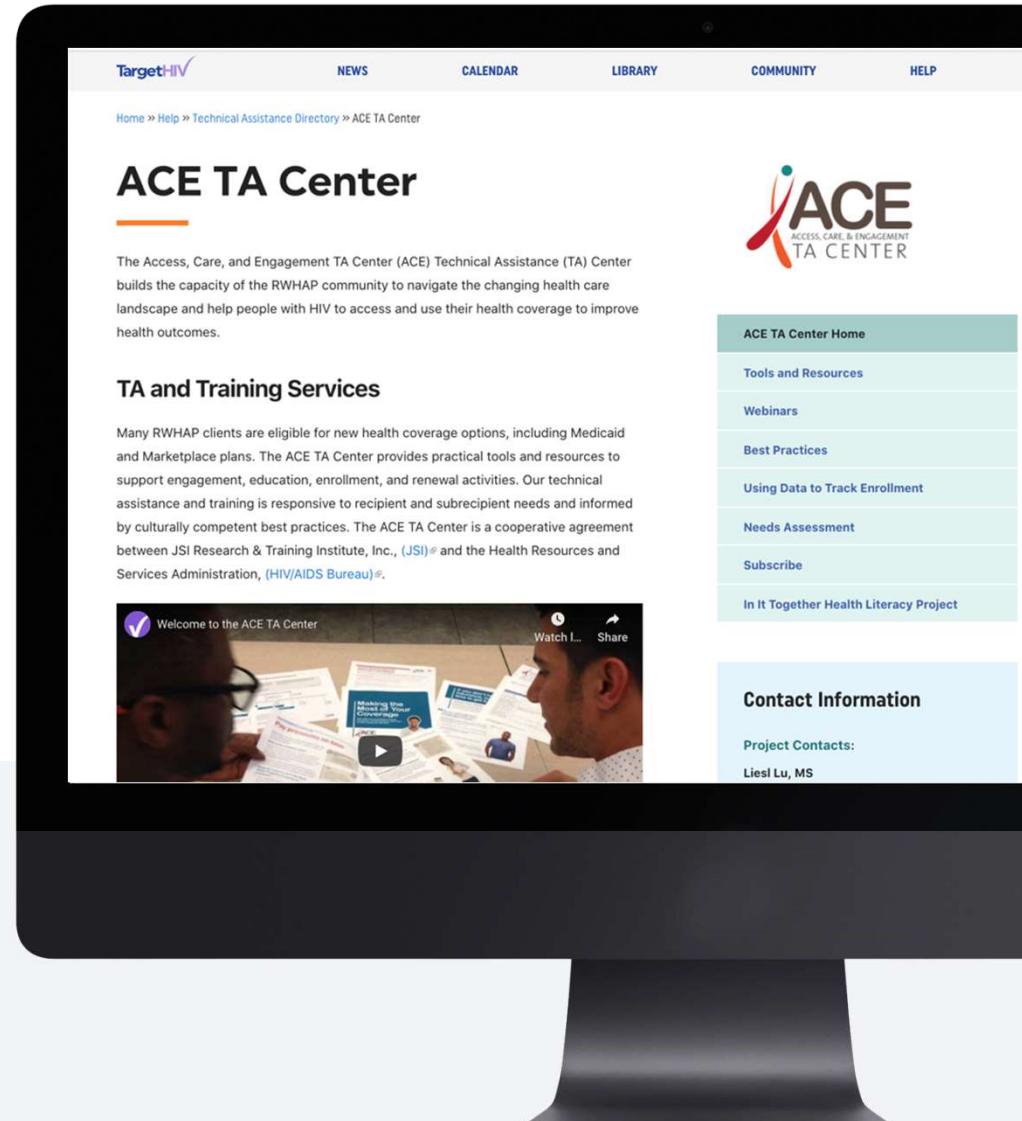


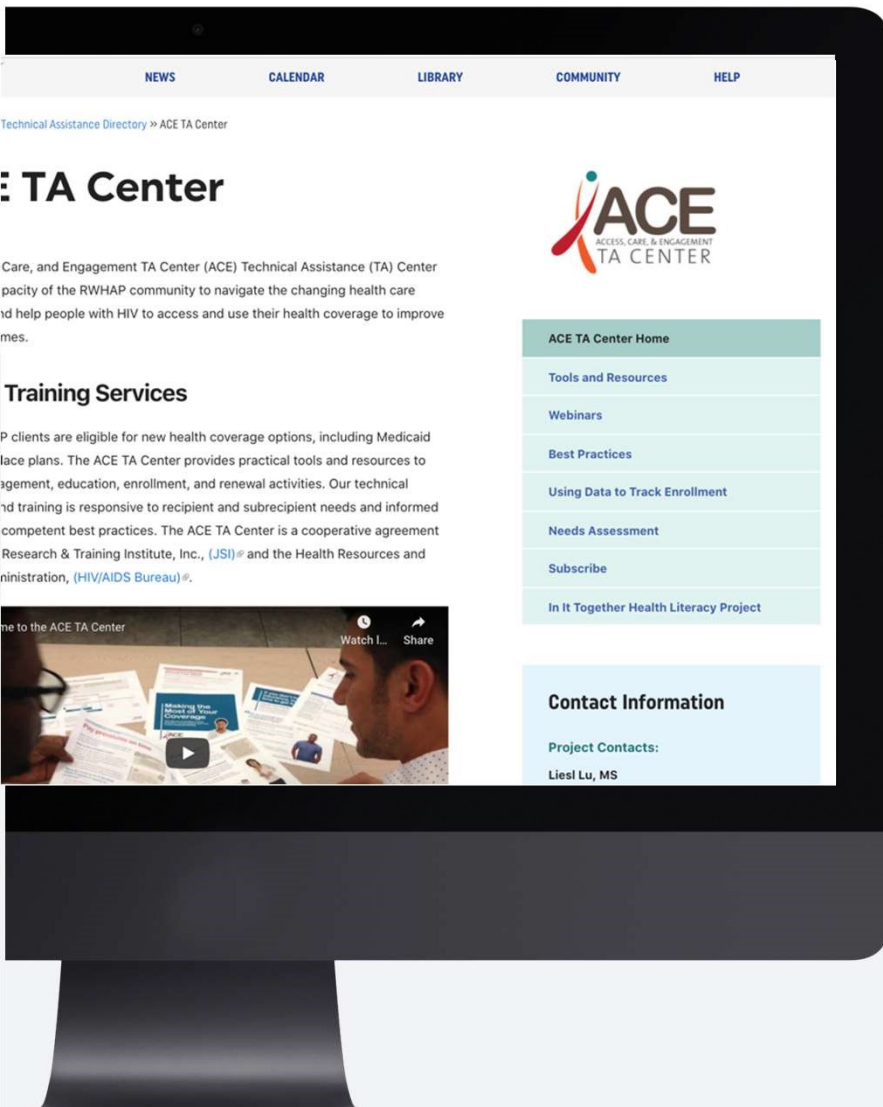
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You may also **email questions** to acetacenter@jsi.com after the webinar.

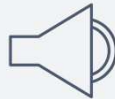




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The ACE TA Center helps organizations



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, including through the use of Treatment as Prevention principles.



Improve the clarity

of their communication around health care access and health insurance.

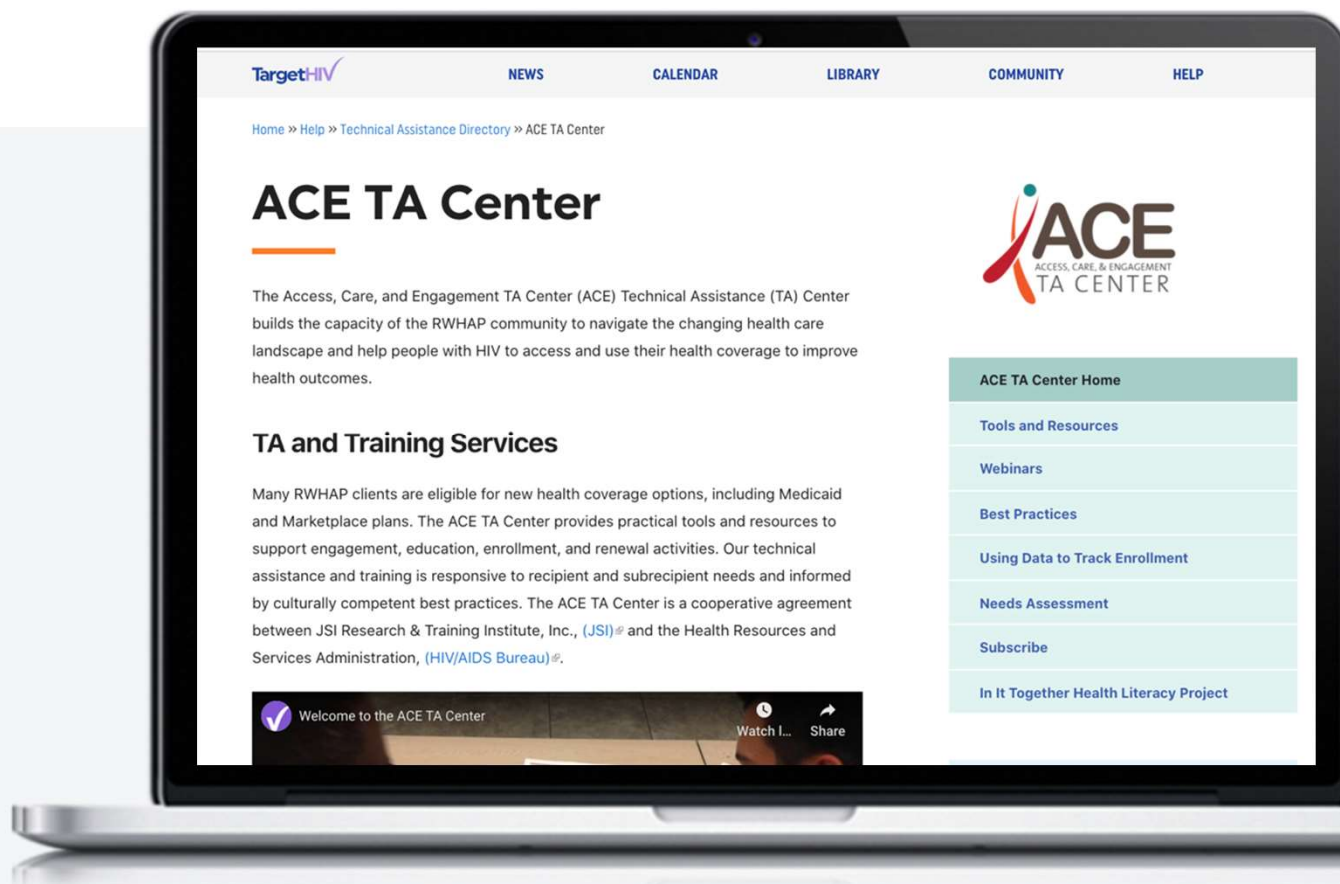


Audiences

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

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targethiv.org/ACE



Today's presenters



MOLLY TASSO

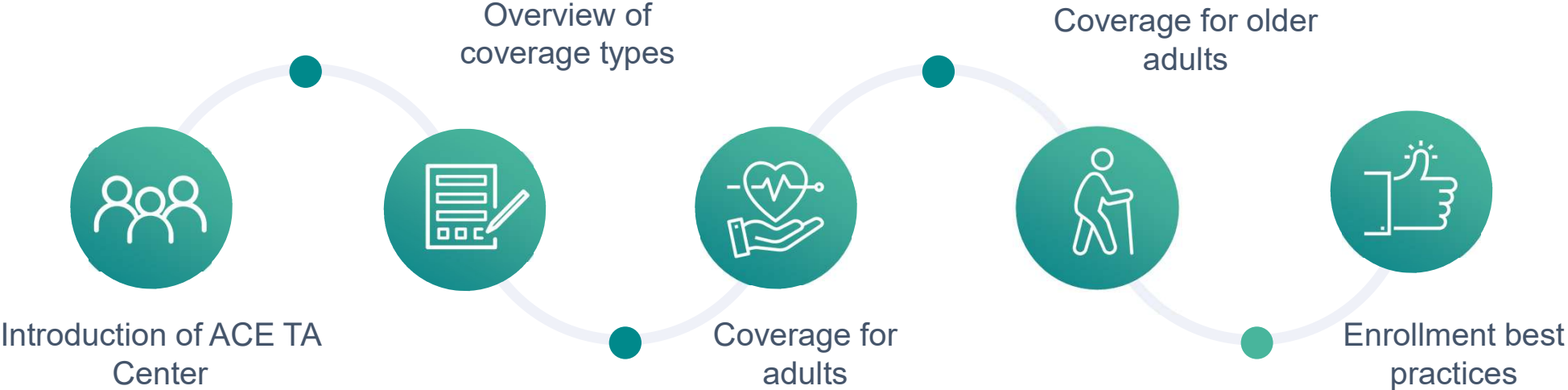


MIRA LEVINSON



STACEY MOODY

Roadmap for presentation



Coverage types



Benefits of health insurance for people with HIV

- Recent significant shifts in the health care landscape expanded health coverage access for people with HIV.
 - New regulations prohibit insurance denial based on pre-existing conditions, such as HIV.
- Insurance covers more than just HIV services.
 - Includes medical coverage for comorbidities, such as diabetes, cardiovascular disease, etc.

Benefits of health insurance for people with HIV (con't.)

- Includes access to services and medications for HIV and other health issues.
 - Continuous antiretroviral therapy results in viral suppression, which keeps people with HIV healthy and prevents new HIV infections.
- Clients don't have to get sick to receive health benefits.
- Protects clients against high (and unexpected) costs.

Example coverage options

- Public options include **Medicare, Medicaid, Tri-Care, and the Children's Health Insurance Program (CHIP).**
- Private options include plans purchased from private issuers both **on and off-Marketplace.**

What are Qualified Health Plans (QHPs)?

- QHPs are insurance plans that are:
 - Certified by the Health Insurance Marketplace.
 - Provide essential health benefits, such as doctors visits, hospital care, prescription drug coverage, and more.
 - Follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts).
 - Meets other requirements under the Affordable Care Act.
- All qualified health plans meet the Affordable Care Act requirement for having health coverage, known as “minimum essential coverage.”

Benefits of QHPs for people with HIV

- People can't be denied coverage for any health-related reason, including pre-existing conditions.
- Access to HIV and non-HIV services and medications.
 - Expanded choice of medical providers, including specialists for various complex health conditions
 - Coverage for mental health and substance use treatment services
 - Coverage for injury and hospitalization
- QHPs can't drop you if you have an existing medical condition or get one after enrolling.

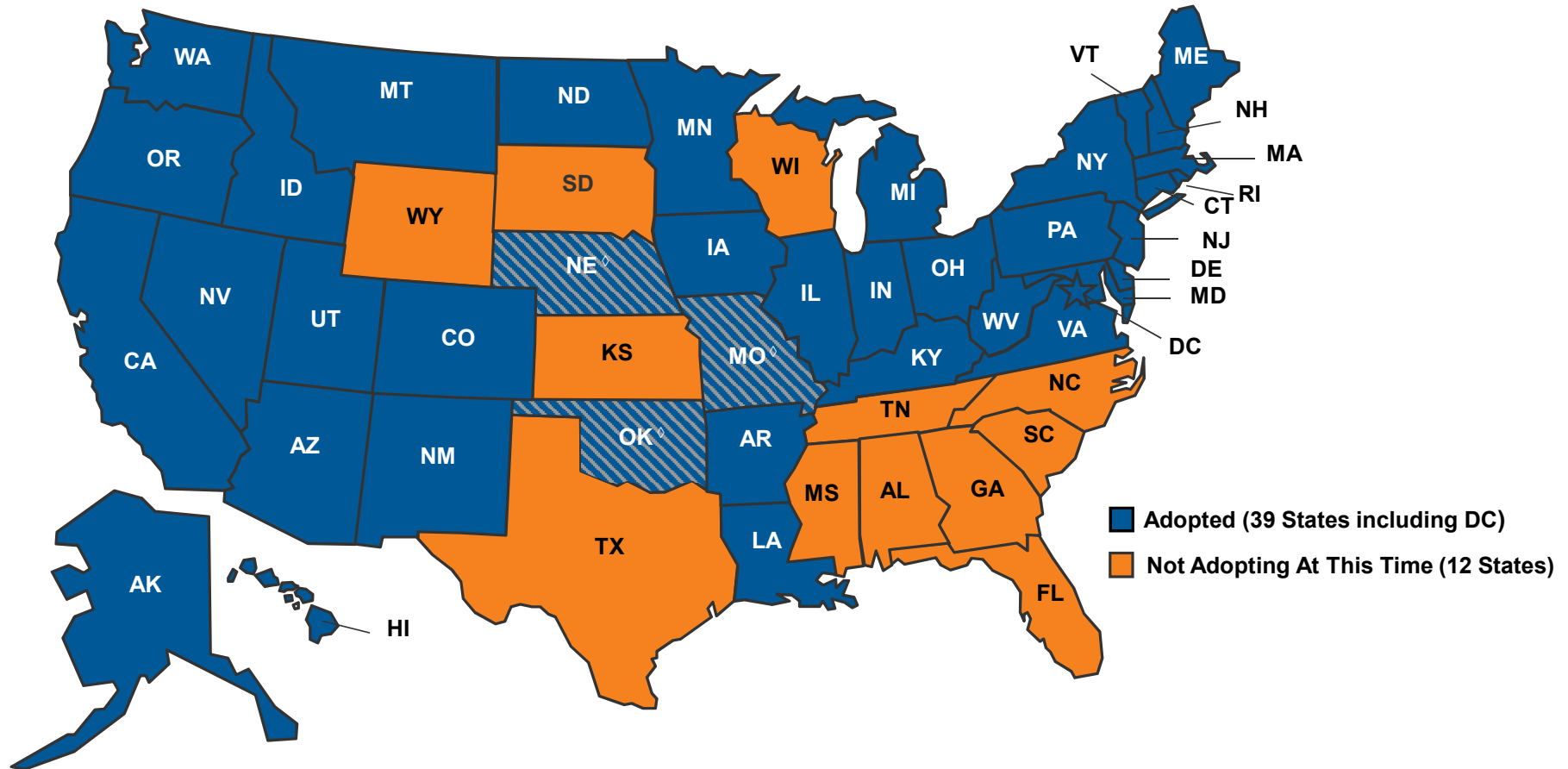
The Medicaid Program

- Medicaid is the largest source of insurance coverage for people with HIV.*
- In 39 states, including Washington D.C., Medicaid expansion has been adopted.
 - In states that have implemented expansion, coverage is available to individuals and families at or above 138% of the Federal Poverty Level (FPL).
 - MO, NE, and OK have adopted but not implemented Medicaid expansion.
- Medicaid eligibility for adults in states that did not expand Medicaid is 40% of the FPL. In most of these states, eligibility is also limited to specific low-income groups.

*The Kaiser Family Foundation, 2019



Status of State Medicaid Expansion Decisions

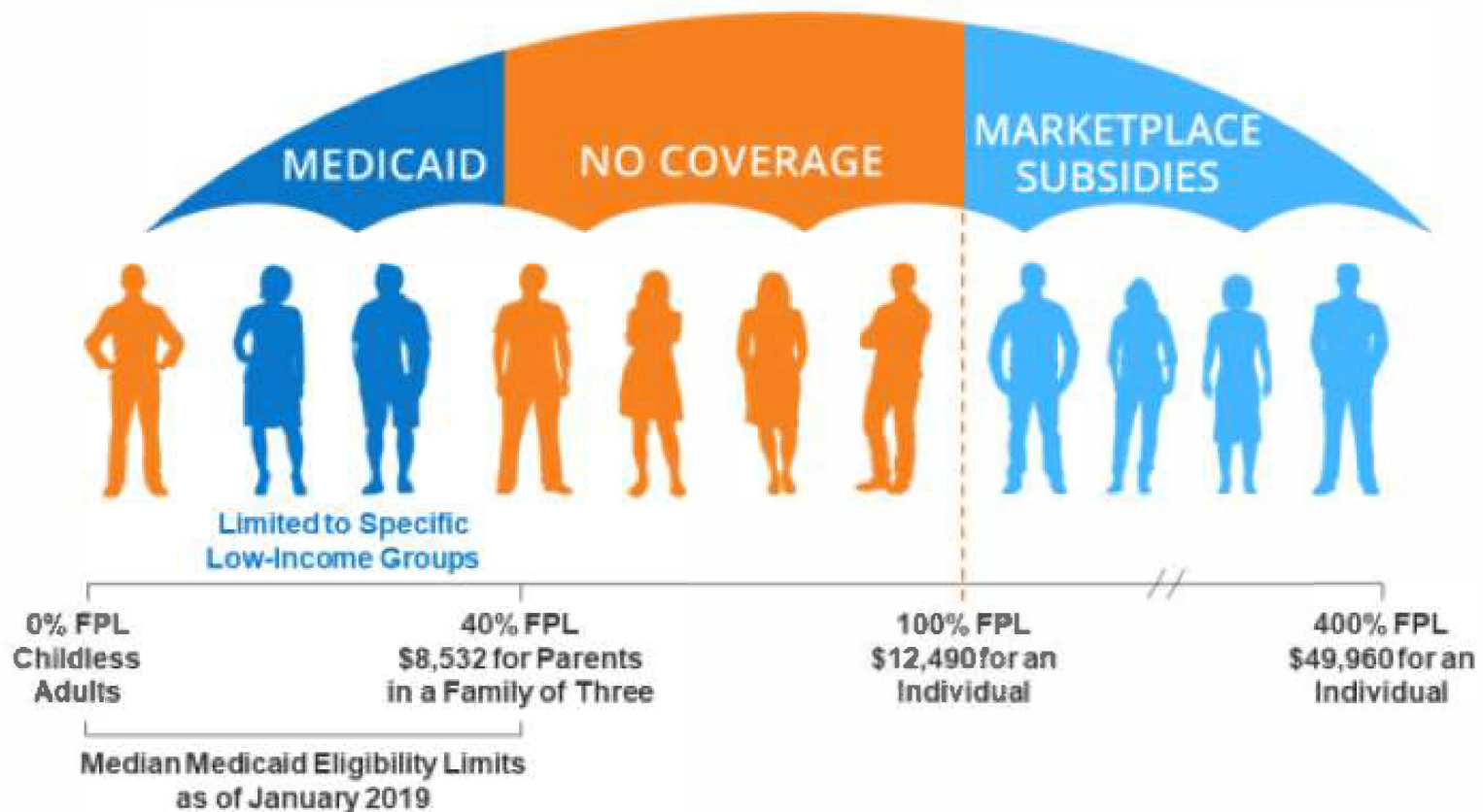


NOTES: Current status for each state is based on KFF tracking and analysis of state activity. ◊Expansion is adopted but not yet implemented in MO, NE, and OK. (See link below for additional state-specific notes).

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated August 17, 2020. <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

Figure 1

Gap in Coverage for Adults in States that Do Not Expand Medicaid Under the ACA



Financial help from the RWHAP

- RWHAP, including the AIDS Drug Assistance Program (ADAP), may be able to help with premium payments, co-pays, and deductibles.
- RWHAP may be able to ensure HIV coverage completion for insured clients and a safety net for the uninsured.
- Coverage completion includes financial help with the costs of coverage, and funding for services that help people stay in care.

Health insurance through the Marketplace



Health insurance Marketplace

- People can compare health insurance options and enroll in affordable health insurance.
- The federal government operates the Federally-facilitated Marketplace (FFM) Platform known as: **HealthCare.gov**, for most states.
- Some states run their own State-based Marketplace (SBM) Platforms including:
 - CA, CO, CT, DC, ID, MD, MA, MN, NV, NY, RI, VT, and WA
- Each year the FFM and SBMs have open enrollment periods (SBM dates vary).

Eligibility and enrollment for Marketplace coverage

- To be eligible to enroll in health coverage through the Marketplace, you:
 - Must live in the United States
 - Must be a United States citizen or national (or be lawfully present)
 - Cannot be incarcerated
- When applying for Marketplace coverage, individuals are automatically screened for Medicaid or CHIP eligibility.
- Enrollment is done online by the individual, with assistance from case manager, Certified Application Counselor, or certified navigator.

Case study: Keith



- He lives in New Mexico and is a U.S. citizen.
- His income is \$35,000 (approx. 290% FPL for a single-person household).
- In his home state, ADAP provides financial support for some (but not all) plans.
- Keith is applying for coverage the first time.

Knowledge check: Keith



- Which of the following makes Keith eligible for a Marketplace plan?
 - He lives in the United States
 - He is a United States citizen or national (or is lawfully present)
 - He is not incarcerated
 - All of the above

Financial assistance for Marketplace plans

- All financial assistance available to the individual is calculated during the online application process.
- Eligibility for and amount of Premium Tax Credits (PTC) and Cost Sharing Reductions (CSR) are determined using the income provided by the individual during the application process.
- In many jurisdictions, the RWHAP provides additional financial assistance to help with premiums and out-of-pocket costs.

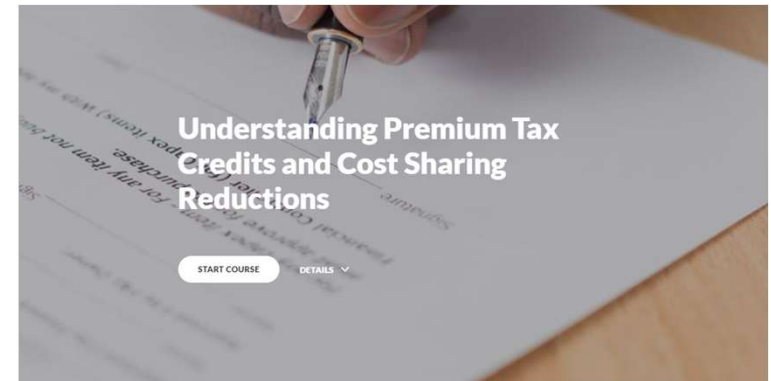
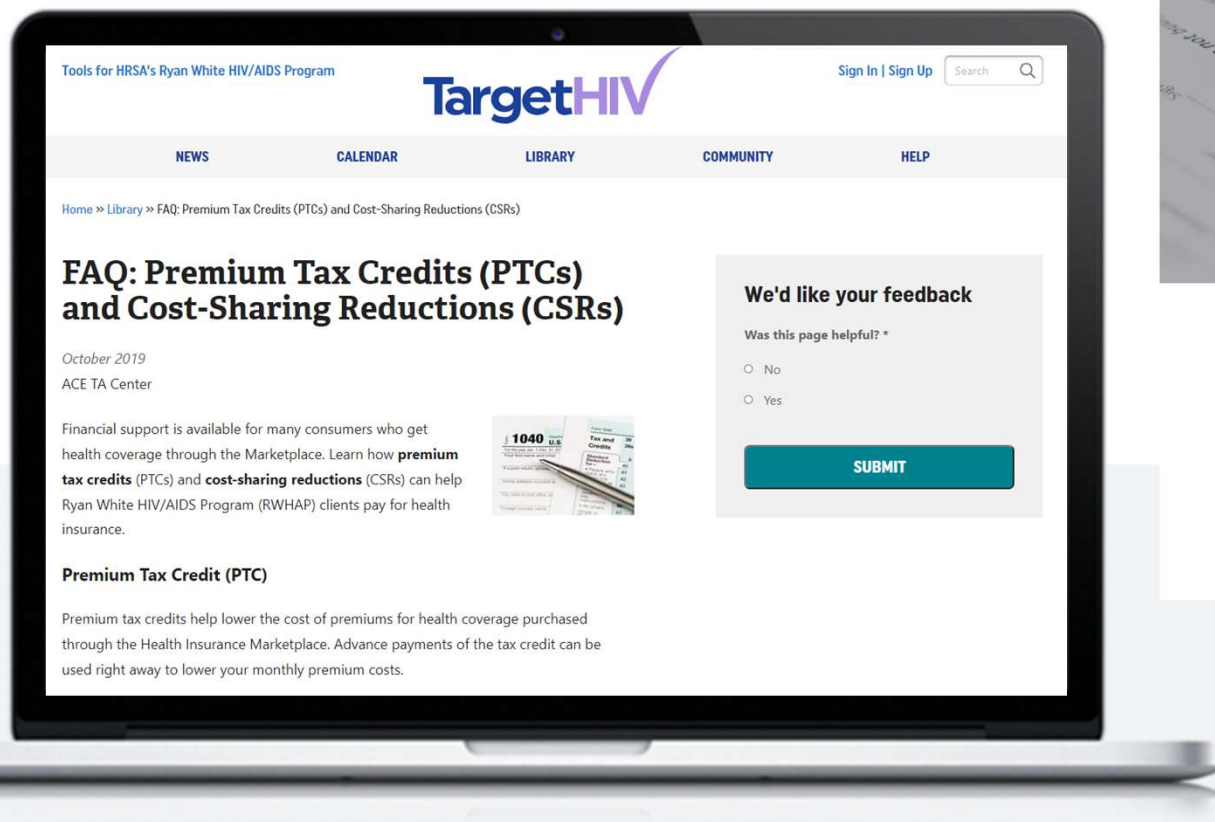
Eligibility for & types of financial assistance: Premium Tax Credits (PTCs)

- PTCs are tax credits that can be used to lower the monthly premium amount.
 - Individuals between 100-400% of the federal poverty level (FPL) are eligible.
- There are two ways to receive PTCs:
 - In advance, with some or all of the credit paid directly to the insurer and the client pays a lower monthly premium.
 - After filing taxes: Individuals get a lump sum when they file their federal income tax and the person pays full monthly premium throughout the year.

Eligibility for & types of financial assistance: Cost sharing reductions (CSRs)

- CSRs are discounts that lower the amount someone has to pay for deductibles, copayments, and coinsurance.
 - Individuals between 100-250% of the FPL are eligible.
 - Discounts automatically applied to services.
 - CSRs are not connected to taxes.

ACE resources on Marketplace financial help



Financial help is available for many consumers who get health coverage through the Health Insurance Marketplace. Through this interactive module, HIV program staff will learn about premium tax credits, cost sharing reductions, and how these and other resources can help Ryan White HIV/AIDS Program (RWHAP) clients to pay for their health insurance and reduce out-of-pocket costs.



Knowledge check: Keith

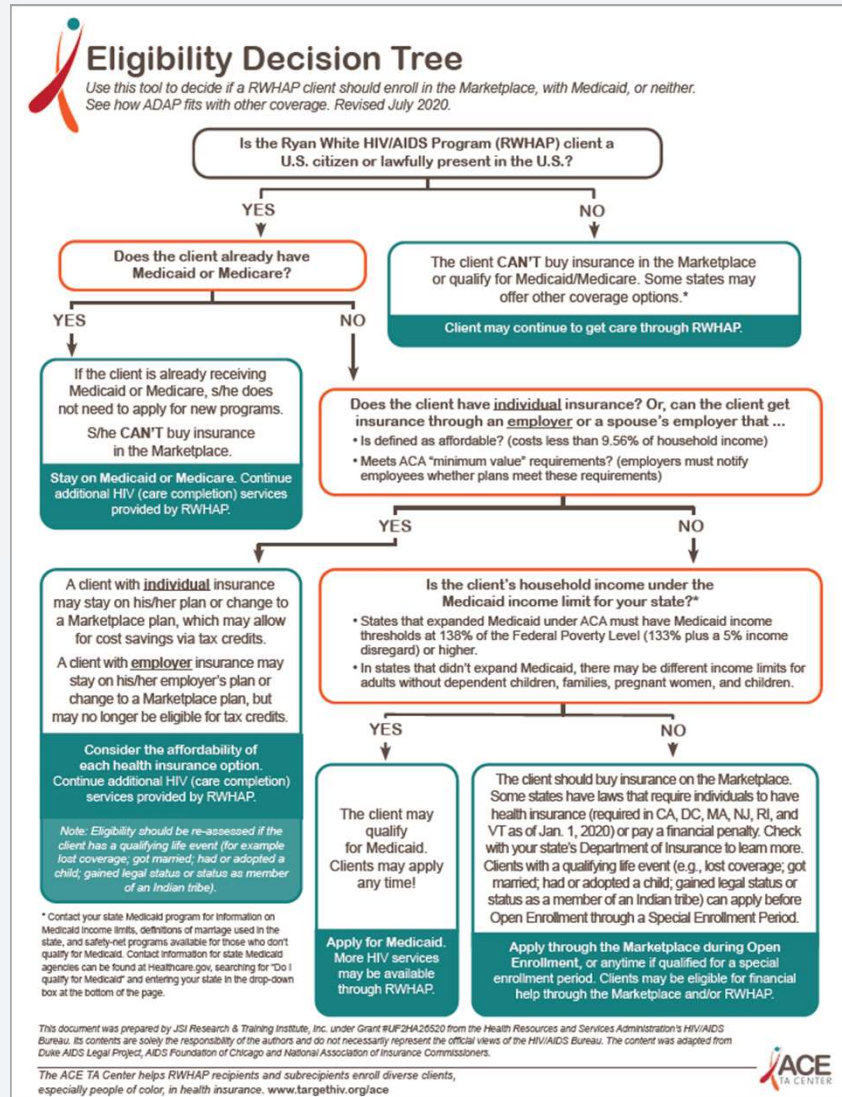


- Is Keith, at 290% FPL, eligible for a PTC and/or CSR?
 - A. PTC only
 - B. CSR only
 - C. Both
 - D. Neither

Eligibility decision tree

ACE TA Center resource

Use this tool to assess whether a client may be eligible for **Marketplace or Medicaid health coverage** depending on their current coverage, income, and citizenship status.



Off-Marketplace plans

- Some jurisdictions also enroll clients in Off-Marketplace Plans
- In some cases these plans may be more cost effective for the jurisdiction
- In general, these plans follow the same rules and timelines as Marketplace plans
- However, these plans are not eligible for Marketplace assistance (PTCs and CSRs)

Considerations when choosing a plan

- Is an individual's preferred doctor and/or pharmacy in network?
- Does the local Part B/ADAP recommend and/or support specific plans?
- What are the costs of HIV medications under this plans? Other medications?
- What financial help is available for this individual?

2021 Health Care Plan Selection Worksheet

Use this worksheet to help your client choose the best health care plan. The ACE TA Center's Plain Language Glossary of Health Care Enrollment Terms also provides easy to understand explanations of the health care terms in this worksheet. *Revised July 2020.*

Step 1: Get client's current information.

Current prescription medications		HIV-related medication?
1	Drug name _____	____ Yes ____ No
2	Drug name _____	____ Yes ____ No
3	Drug name _____	____ Yes ____ No
4	Drug name _____	____ Yes ____ No
5	Drug name _____	____ Yes ____ No
6	Drug name _____	____ Yes ____ No
7	Drug name _____	____ Yes ____ No

Current sources of care

Primary care provider (PCP) _____

Clinic or hospital where PCP is seen _____

Is PCP also an HIV specialist? ____ Yes ____ No

Is PCP certified in specialty infectious disease? ____ Yes (If yes, specialty?) _____ ____ No

HIV specialist (if different than PCP) _____ Clinic or hospital where seen _____

Facility (clinic/hospital) where client goes when sick _____

Mental health provider _____ Clinic or office where seen _____

Substance use provider _____ Clinic or office where seen _____

The ACE TA Center helps RWHP recipients and subrecipients enroll diverse clients, especially people of color, in health insurance. www.targethiv.org/ace

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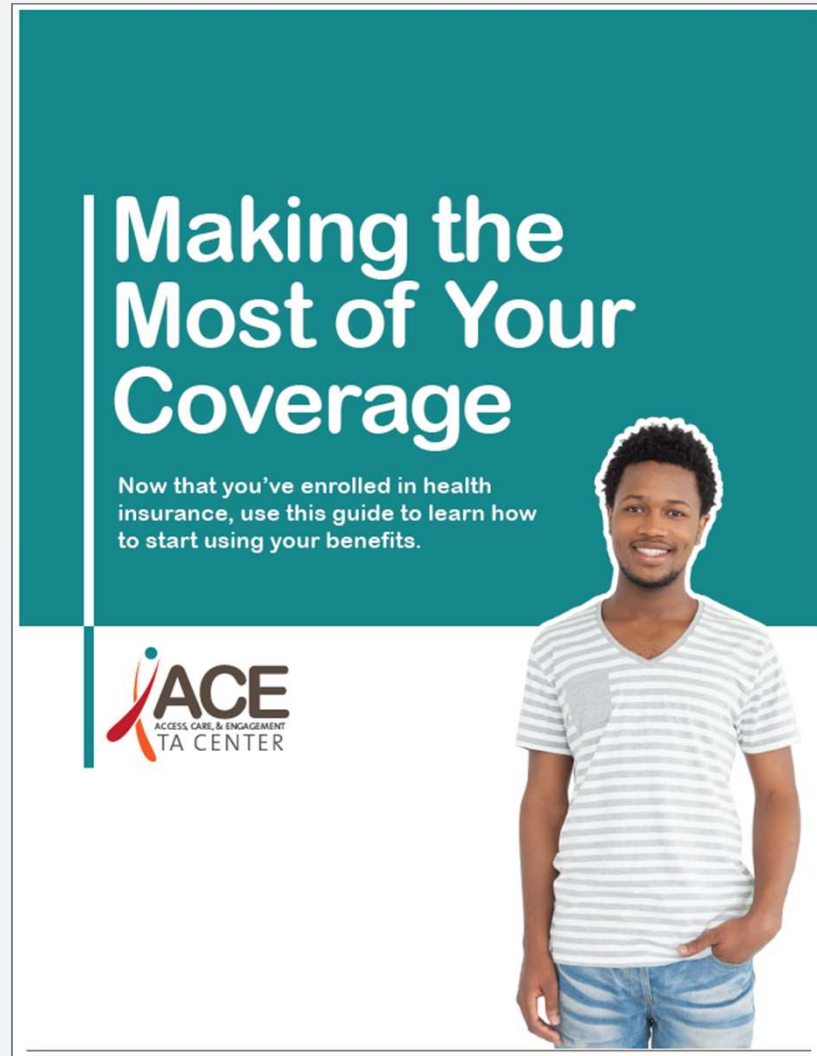
Using and maintaining coverage

- After enrolling, individuals will receive their insurance card in the mail.
 - They can use the card with in-network providers and pharmacies.
- Paying monthly premiums on time is essential!
 - Otherwise the individual risks being dropped from their plan.
- People need to re-enroll each year during open enrollment.
 - The ACE TA Center recommends active enrollment each year to ensure the plan is the best fit.

Making the most of your coverage


ACE TA Center resource

Share this guide with newly enrolled clients to help them get started using their health insurance benefits.

A graphic for an ACE TA Center resource. It features a teal background on the left with the title "Making the Most of Your Coverage" in white. Below the title is a white box containing the text "Now that you've enrolled in health insurance, use this guide to learn how to start using your benefits." To the right of this text is a photograph of a smiling man with short dark hair, wearing a white and grey striped t-shirt and blue jeans. At the bottom left of the graphic is the ACE logo, which consists of a stylized 'i' in red and blue, followed by the text "ACE ACCESS, CARE, & ENGAGEMENT TA CENTER".

Making the Most of Your Coverage

Now that you've enrolled in health insurance, use this guide to learn how to start using your benefits.



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Churn between coverage types



What are Special Enrollment Periods (SEP)?

- Certain life events and special circumstances qualify individuals for a SEP through the **Marketplace**.
- An SEP allows for enrollment on the Marketplace outside of the Open Enrollment dates.
- Example life events include:
 - Change in income
 - Loss of health insurance, including loss of employer sponsored coverage
 - Getting married or divorced
 - Moved to a new zip code or county
 - More...

Case study: Sandra



- Sandra is 64 and lives by herself.
- Sandra's work hours were reduced, so her income is now \$24,000 (approx. 200% FPL).
- Because her work hours were reduced, she lost her employer coverage.
- She is currently enrolled in ADAP. She also receives RWHAP Part A services.

Knowledge check: Sandra



- Is Sandra eligible for an SEP to enroll in a Marketplace plan?
 - A. Yes – because she is currently enrolled in ADAP.
 - B. Yes – because she lost employer coverage due to reduced hours.
 - C. No

Requesting a Marketplace SEP

This guide provides an overview of the life events and special circumstances that may qualify a client for a **Special Enrollment Period**.

Life Events

Special Enrollment Periods

Can I enroll in a Marketplace health insurance plan outside of Open Enrollment?

Sometimes you experience a big life change that also changes your health coverage needs—like having a child, losing your job, or losing your health coverage. Usually Open Enrollment is the only time you can sign up for a new health insurance plan through the Health Insurance Marketplace (e.g., HealthCare.gov) or change your current plan. But if you have a big life change—or “life event”—you may qualify for a **Special Enrollment Period**.

A Special Enrollment Period lets you enroll in a new health plan or change your plan outside of Open Enrollment. You may also qualify for a Special Enrollment Period if something happened during Open Enrollment that prevented you from getting the right coverage. This is called a “special circumstance.” See the full list of life events and special circumstances on the next two pages.

Report changes as soon as possible

If you think you may be eligible for a Special Enrollment Period, or if you have any changes to your income, household size, or health coverage, you should report this information as soon as possible. Talk with an enrollment assister or Ryan White Program case manager, or contact the Marketplace Call Center at 1-800-318-2596.



It ends. You have **60 days** from the date of a “life

Getting married or moving?

If this is your first time enrolling in a Marketplace plan, you may need to provide documents to verify your life event. The Marketplace will contact you with instructions.



You permanently move to a new area (e.g., state, county) where new health plans are available:

- Report your new address to the Marketplace to see if you qualify
- You can report your new address up to 60 days before you move to avoid a gap in coverage
- Students and seasonal workers who move may also be eligible

You have a change in income or household size that:

- Changes whether or not you are eligible for financial help for Marketplace coverage, such as premium tax credits (PTCs) or cost-sharing reductions (CSRs)*
- Causes you to lose your hardship exemption from the Marketplace

Something kept you from enrolling during the Open Enrollment Period:

- You had a serious medical condition, such as an unexpected hospitalization or temporary cognitive disability
- You experienced a serious natural disaster, such as an earthquake, massive flooding, or hurricane
- You were incarcerated
- You experienced domestic abuse, domestic violence, or spousal abandonment, and you now want to enroll in your own health plan separate from your abuser or abandoner

* These Special Enrollment Periods **ONLY** apply to people who are currently enrolled in a qualified health plan.

Coverage changes outside the Marketplace

Remember: The Ryan White HIV/AIDS Program is not health insurance.

- Medicaid and CHIP enrollment are open throughout the year for newly eligible clients.
 - In Medicaid expansion states, some clients may be newly income-eligible for Medicaid coverage.
 - The RWHAP can provide HIV medications and services for people that are not eligible for other coverage.
- Medicare eligibility may be determined by age or disability.
- COBRA can be expensive and may not be the best fit for a person's coverage needs.

Transitioning from the Marketplace to Medicare

Tip: Set a date to end Marketplace coverage in order to avoid paying multiple premiums for overlapping coverage and to avoid having to pay back APTCs.

- People enrolled in Marketplace should enroll in Medicare during their **Initial Enrollment Period** to avoid late enrollment penalties.
- People are **NOT required to drop Marketplace coverage or automatically terminated** from their Marketplace plans once they enroll in Medicare.
- However, once an individual is considered eligible for Medicare Part A, they no longer qualify for help **from the Marketplace** paying for their plan premiums.

Transitioning from Marketplace to Medicare Health Coverage

ACE TA Center resource

Use this resource to help RWHAP clients navigate the transition from Marketplace to Medicare smoothly and efficiently using this helpful guide. The resource includes answers to frequently asked questions about this process.

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 credits/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 assisters 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](https://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

Stay Covered All Year Long

ACE TA Center resource

Share this guide with **clients** after they enroll in health insurance to help them understand what they can do to maintain their coverage.

STAY COVERED ALL YEAR LONG

Pay premiums on time

Stay Covered All Year Long

Now that you've enrolled in health insurance, make sure you keep it.

Health insurance is important because it covers all your health needs, such as HIV medications and care, free preventive care, hospital stays, and substance use and mental health services. This guide covers what you need to do to stay covered throughout the year.

Pay premiums on time 2
Report income and household changes 4
What to do if you lose coverage 6

TIP
Even if you have health insurance, stay in touch with your Ryan White Program case manager. S/he can help make sure you stay enrolled in ADAP and have access to financial help for insurance and Ryan White Program services like transportation and housing support.


Revised July 2017

ACE TA Center | Stay Covered All Year Long | Page 1

WHAT DOES PREMIUM MEAN?
The amount you pay for a health insurance plan. A premium is paid monthly.

TIP
Your insurance company will send you the premium bill even if the Ryan White Program will be paying it.

Year Long | Page 2



Health coverage older adults



More and more RWHAP clients are aging into Medicare

Medicare is the **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.

In 2018, 46.1% of RWHAP clients were age 50 years and older, and this is projected to rise to two-thirds by 2030.

Sources: Kaiser Family Foundation, 2016; HRSA HIV/AIDS Bureau, 2018.



Discussion question – Chat us!



- What is the top challenge at your organization for supporting Medicare enrollment and coverage?
- For example:
 - Understanding the different parts of Medicare
 - Assisting clients with Medicare enrollment
 - Assisting clients who are dually eligible for Medicare and Medicaid
 - Knowing where to refer clients for external Medicare enrollment support

Medicare pathways for people with HIV



Primary pathways for Medicare eligibility

To enroll in Medicare, an individual must be a U.S. citizen or a legal resident for at least five years (with some exceptions).

Three potential pathways:

- Age 65 or older
- Under 65 with qualifying disability
- Have end stage renal disease

Medicare enrollment at age 65 or older

- Individuals must have 40 quarters of work credits to qualify for certain parts of Medicare (“premium free” Part A) without paying a monthly premium.
- People earn work credits when they work in a job and pay Social Security taxes.
- Individuals can earn up to 4 credits each year. The amount needed for a work credit changes from year-to-year.



Claiming SS benefits

Before your 65th birthday

- Anyone who claims Social Security benefits before the age of 65 will be automatically enrolled in Medicare Parts A and B when they are eligible for Medicare at age 65.
- The earliest someone can start receiving Social Security retirement benefits is age 62.



Initial Enrollment Period (IEP)

For people about to turn 65

- A **7-month period** that starts three months BEFORE someone turns 65, includes the month they turn 65, and ends 3 months AFTER they turn 65.
- If someone signs up for Medicare during the first three months of their IEP, in most cases their coverage will start the first day of the month they turn 65.



Medicare Special Enrollment Period

For people transferring from employer coverage at other ages

- People covered by employer insurance (their own, a spouse's, etc.) are NOT required to sign up for Medicare at age 65.
- When their employer coverage ends, they have an **8-month SEP** to apply.



General enrollment period

For late enrollees who missed their IEP or do not qualify for a SEP

- Runs from **January 1 to March 31 annually**.
- Coverage does not start until July 1 of that year.
- Individuals may have to pay a **higher Medicare Part A premium** (if they don't qualify for premium-free Part A) or **Part B late enrollment penalty**.

Qualifying for Medicare under 65 with a qualifying disability

- Individuals must qualify for **Social Security Disability Insurance (SSDI)** and have received SSDI payments for at least **24 months**.
- HIV status alone generally does not qualify someone for SSDI.
- A person with HIV who does not qualify for SSDI under the HIV rules can still qualify by meeting the medical requirements for another physical or mental condition.

Knowledge check: Sandra



A year has gone by, Sandra is now 65, and is still working. What additional criteria does she need to meet to be eligible for Medicare?

- A. She needs to have 24 quarters of work credits.
- B. She needs to have 40 quarters of work credits.
- C. None of the above.

Knowledge check: Sandra



Sandra missed her Initial Enrollment Period and does not qualify for an SEP. She must wait for the General Enrollment Period next January. When will her Medicare coverage start?

- A. February 2021 (one month after she enrolls)
- B. April 2021 (three months after she enrolls)
- C. July 2021

The Basics of Medicare for RWHAP Clients

ACE TA Center resource

Use this resource to learn about the **common Medicare eligibility pathways** for people with HIV; the **different parts of Medicare**; how you can **support RWHAP clients to enroll in Medicare**; and how the RWHAP helps clients with **Medicare costs**.

ACE TA CENTER MEDICARE TOOL

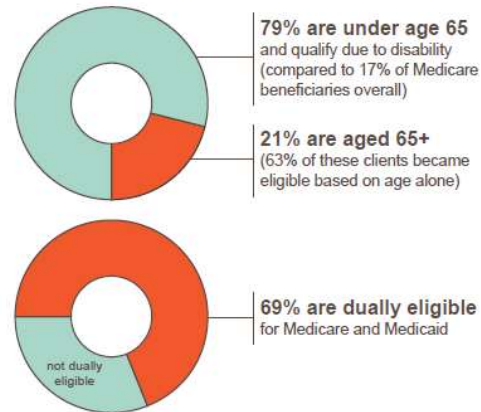
The Basics of Medicare for Ryan White HIV/AIDS Program Clients

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

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

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

Medicare Beneficiaries Living with HIV³



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

? Find the answers to these questions:

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

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

Medicare fundamentals



Medicare Parts A, B, and D



Medicare Part A Hospital Coverage

Covers:

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



Medicare Part B Medical Coverage

Covers:

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



Medicare Part D Prescription Drug Coverage

Covers:

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

Original Medicare

Parts A & B
Supplemental Part D

- Includes **hospital (Medicare Part A) and medical coverage (Medicare Part B)**.
- Supplemental **prescription drug coverage (Medicare Part D)** must be purchased separately (*optional coverage*).
- Plans administered by the federal government.

Medicare supplemental insurance (Medigap) policies

- **Supplemental insurance** to help cover the remaining costs of Medicare Parts A and B coverage, such as copays and deductibles.
- **Sold by private companies;** standardized by state and federal law.
- A person **must have Medicare Parts A and B** (Original Medicare) to enroll in a Medigap policy.
- **Does not cover Medicare Part D** prescription drug coverage copays, co-insurance, or deductibles for Medicare.

Medicare Advantage

Part C

- A **“bundled” plan** that includes hospital (Medicare Part A), medical (Medicare Part B), and drug coverage (Medicare Part D).
- Medicare Advantage is also called **Medicare Part C**.
- **Plans may have a monthly premium.** Your ADAP may be able to help pay for this.
- **Administered by private insurance companies** that contract with the government and may provide extra services, such as vision or dental.

The gaps in Original Medicare coverage

- **Current Medicare Part A deductible is \$1,408** and is based on a 90-day benefit period.
 - *A beneficiary could face this deductible more than once a year.*
- Once the Part A deductible is met, beneficiaries could face additional charges for hospitalizations, skilled nursing care, and blood products.
- **Current Medicare Part B deductible is \$198.**
- After the Part B deductible is met, Medicare pays 80% of approved charges and the beneficiary is responsible for the remaining 20%.

Opting for Medicare Advantage instead

- Beneficiaries may not be able to find a plan that works with all of their providers and **could face higher out-of-pocket costs** to see a “out of network” provider.
- **All plans have co-pays or co-insurance.**
- Shop for and compare plan at Medicare.gov.
- Like Part D plans, **restrictions** include “medication not on formulary” or quantity limits that would require a “prior authorization.”
- May be a better option for clients with less complex medical needs and those who do not often travel outside their state.
 - *Costs for high level care can add up!*

Dual eligibility for Medicare and Medicaid

- Most Medicare beneficiaries with HIV are eligible for both Medicare and Medicaid.
- For dual-eligible beneficiaries, **Medicare pays covered medical services first.**
 - RWHAP continues to be the payer of last resort.
- Medicaid may cover medical costs that Medicare cannot cover or partially cover.
- Dual-eligible beneficiaries with HIV often receive low-income subsidies under Medicare Part D.

Financial help for Medicare

- **Medicare Savings Programs**
 - State Medicaid-funded programs that help pay for some or all of an enrollee's Medicare premiums and out-of-pocket expenses.
 - Available to clients with limited income and assets based on state-specific criteria.
- **Extra Help Program**
 - Also known as the Part D Low-Income Subsidy (LIS) program, which helps pay for some or all of the out-of-pocket costs associated with Medicare Part D prescription drug coverage.
 - Clients enrolled in most Medicare Savings Programs become automatically eligible for Extra Help.

Financial Help for Medicare

ACE TA Center resource

Use this resource to understand the Medicare Savings Programs, the Extra Help program, and other sources of financial help for Medicare costs as well as eligibility criteria for these programs and how to support RWHAP clients to get help paying their Medicare premiums and out-of-pocket expenses.

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).

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

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

The ABCDs of Medicare Coverage

ACE TA Center resource

Use this consumer resource to help Ryan White HIV/AIDS Program clients understand the different parts of Medicare (Parts A, B, C, and D). The resource also helps clients understand the difference between Original Medicare and Medicare Advantage plans as they consider enrolling in Medicare.

The ABCDs of Medicare Coverage

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

HIV status alone doesn't usually qualify someone for Medicare. Talk to your case manager to learn more about Medicare. You can get help enrolling in Medicare, and once you are enrolled, the Ryan White HIV/AIDS Program (RWHAP) and its AIDS Drug Assistance Program (ADAP) 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 in a skilled nursing facility, hospice care, and some home health care services.



Part B (Medical Coverage): Covers services from doctors and other health care providers, preventive services, outpatient care, medications given by a physician, home health care, and some medical equipment.



Part D (Prescription Drug Coverage): Covers the costs of outpatient prescription drugs, including HIV medications.

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



Medicare prescription d coverage for people with H



Two ways to get Medicare prescription drug coverage



Purchasing

an optional **Medicare Part D prescription drug coverage** plan
(along with Original Medicare)



Enrolling

in a **Medicare Advantage Plan (Part C)**

- All Medicare prescription drug plans are required to cover all or nearly all drugs in six “protected” drug classes, including antiretroviral treatments for HIV.
- HIV drugs are required to be covered without any utilization management (e.g., prior authorization or step therapy).
- Unless a beneficiary is eligible for the federal Extra Help (Part D Low-Income Subsidy) Program, they will have a monthly Part D premium.

Late enrollment penalty for prescription drug coverage

Original Medicare enrollees that **choose not to enroll** in drug coverage when they are first eligible will likely have to pay a **late enrollment penalty** to join later.

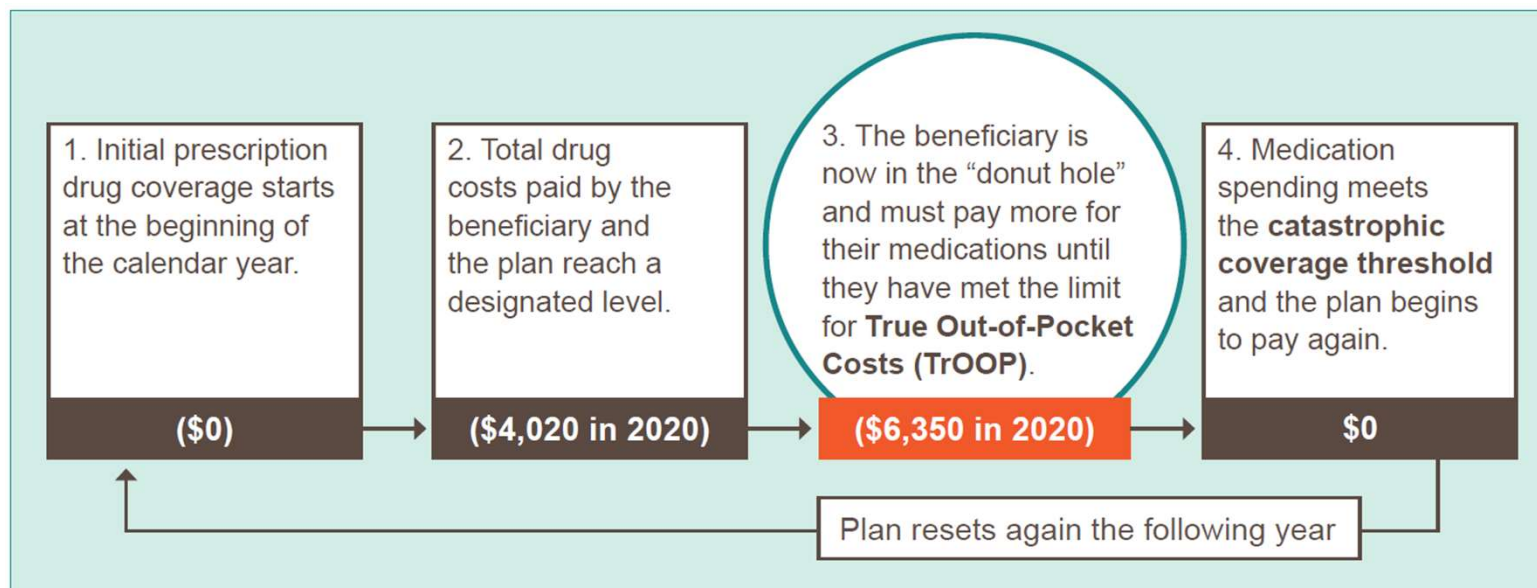
- *Unless they have other creditable prescription drug coverage or are enrolled in the Extra Help program.*

Creditable prescription drug coverage: Prescription drug coverage that provides at least as much as Medicare's standard prescription drug coverage.

- *ADAP is not considered creditable prescription drug coverage.*

The donut hole for prescription drug coverage

- The coverage gap when a Medicare beneficiary's initial Medicare drug coverage has ended but they do not yet qualify for catastrophic coverage.
- During this period, the amount a person pays will be higher.



Knowledge check

How will the amount a person pays for prescriptions when they are in the donut hole change? It will be:

- A. Higher
- B. Lower
- C. Stay the same

Medicare Prescription Drug Coverage for RWHAP Clients

ACE TA Center resource

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


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

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

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

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


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

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

Standard Level of Coverage for All Medicare Drug Plans

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

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

 Find the answers to these questions:

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

Best practices for supporting enrollment



Encourage one-on-one enrollment assistance

- Many jurisdictions and organizations have their own enrollment assisters on staff, that understand the particular needs of RWHAP clients.
 - Organizations can get free Certified Application Counselor (CAC) training for staff.
 - State Health Insurance Assistance Programs (SHIPs) provide free, one-on-one insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.
 - Consider having a staff person trained as a SHIP counselor.
- Other organizations are choosing to work with external enrollment partners to provide on-site enrollment support.
- Find training resources here:
<https://marketplace.cms.gov/technical-assistance-resources>

Considerations when working with external partners

- HIV programs can provide training about enrollment considerations for people with HIV.
 - This includes training on the role of ADAP (including financial help, plan recommendations, and HIV medication assistance).
- Take the time to build a relationship with a trusted partner. Additional assistance can help support case managers during busy periods.
 - Partners may include CAC organizations, navigators, agents, and/or brokers.

Training for external enrollment partners

I'm new to supporting people with HIV.
 How do I help them enroll in health coverage?
 Revised May 2019

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Know that the Ryan White Program supports access to HIV care.

Most low-income people can access HIV care, medications, and support services through the Ryan White HIV/AIDS Program (RWHAP).

- The RWHAP, including the AIDS Drug Assistance Program (ADAP), provides access to critical medications.
- The program helps all consumers - insured, underinsured, and uninsured.

Contact your state's RWHAP, including ADAP, to learn how the Program can provide financial help for health coverage.

Find a RWHAP provider: locator.HIV.gov

- The RWHAP encourages eligible consumers to enroll in comprehensive health coverage to access both HIV and non-HIV services.
- The RWHAP can help eligible consumers pay for health insurance premiums and out-of-pocket expenses.
- The RWHAP in your state, including ADAP, can provide HIV medications to consumers who are uninsured or have a gap in insurance coverage.

Understand why continuous HIV medication coverage is essential.

Medication can help people living with HIV live a healthy life.

- Taking HIV medication every day can lower the level of HIV in a person's blood to an undetectable level (viral suppression).
- Missed doses of medication can quickly lead to increased levels of HIV.
- People with HIV who have consistent viral suppression do not sexually transmit HIV.

Explain insurance terms and benefits.

Insurance and enrollment terms are confusing for everyone.

- Consumers need to understand the basics of health insurance. It avoids coverage gaps and to make the most of their coverage.
- Explain insurance terms and concepts in plain language and provide real-world examples where possible. Encourage consumers to ask them to state what they need to know or do in their own words.

Help consumers find plans that cover their HIV drugs.

Without coverage, medications can cost hundreds of dollars per month.

- Consumers work closely with their doctor to find the HIV treatment plan that works best for them. People tolerate HIV medications differently, so switching medications may not be an option.
- Some health plans may only cover certain HIV drugs or combinations or may require increased cost-sharing for certain HIV drugs.

Support continuity of care.

This means consumers see the same provider regularly and maintain a consistent medication supply.

Listen to consumers' needs and concerns.

Consumers are concerned about affordability and continued access to medications and current providers.

Show compassion & cultural sensitivity.

People with HIV may not want to disclose their HIV status to an enrollment assister.

- Many consumers, particularly

How Assisters Can Help People Living with HIV Get Affordable Coverage



Questions?



Thank you.

Please complete the evaluation!

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

targethiv.org/ace

Contact us

acetacenter@jsi.com

