

# The Basics of Medicare Eligibility and Enrollment for Aging Ryan White HIV/AIDS Program (RWHAP) Clients: Training and Partnership Opportunities

Liesl Lu, MS - JSI Research & Training Institute

Christine Luong, MPH - JSI Research & Training Institute

Luricela Arguello, BA - AIDS Foundation Chicago

20  
22

NATIONAL  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT

# Disclosures

Liesl Lu, Christine Luong, and Luricela Arguello have no relevant financial interests to disclose.

Disclosure will be made when a product is discussed for an unapproved use.

This continuing education activity is managed and accredited by AffinityCE, in collaboration with the Health Resources and Services Administration (HRSA), LRG, and AffinityCE. AffinityCE, LRG and HRSA staff, as well as planners and reviewers, have no relevant financial interests to disclose. AffinityCE adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Education. Any individuals in a position to control the content of a CME activity, including faculty, planners, reviewers, or others, are required to disclose all relevant financial relationships with ineligible entities (commercial interests). All relevant conflicts of interest have been mitigated prior to the commencement of the activity.

There was no commercial support for this activity.

# Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Describe the Medicare eligibility criteria and enrollment process for RWHAP clients.
2. Explain the different parts of Medicare and what they cover.
3. Access information and support through the ACE TA Center and area SHIPs.
4. Identify potential partnerships with local organizations that assist older adults with health care access.
5. Discuss common questions and challenges faced by older adults with HIV when enrolling in Medicare.

---

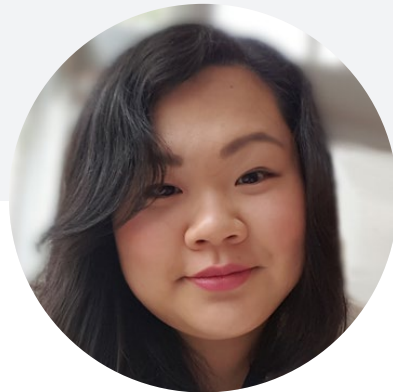
# Today's presenters

**Liesl  
Lu**



Senior Technical Advisor,  
ACE TA Center  
Senior Consultant, JSI

**Christine  
Luong**



Research & Policy Associate,  
ACE TA Center  
Consultant, JSI

**Luricela  
Arguello**



Lead Medical Benefits Specialist,  
AIDS Foundation of Chicago



# 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**

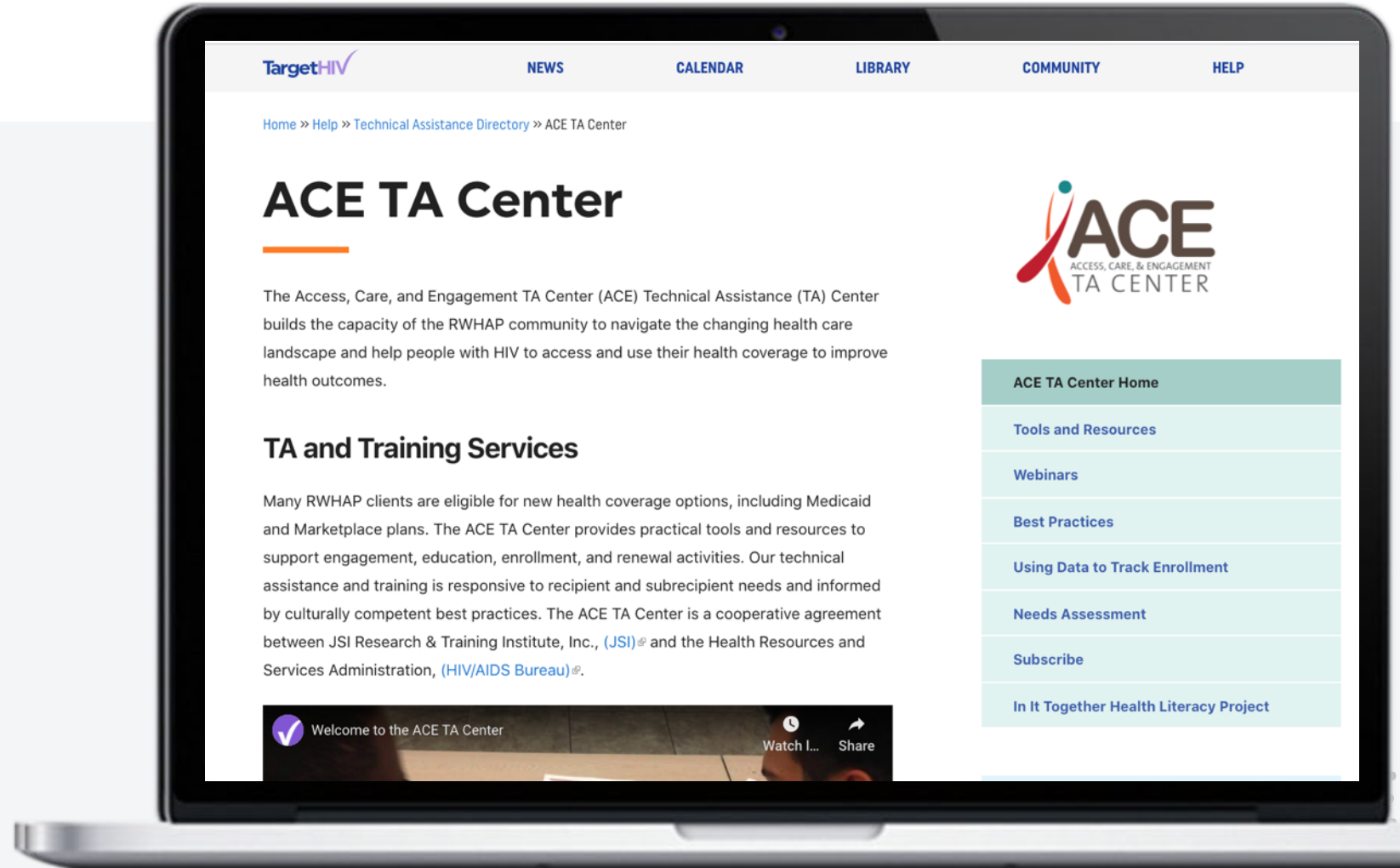
of their communication around health care access and health insurance.



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

FIND US AT:

[targethiv.org/ace](https://targethiv.org/ace)



# The Changing Demographics of RWHAP Clients



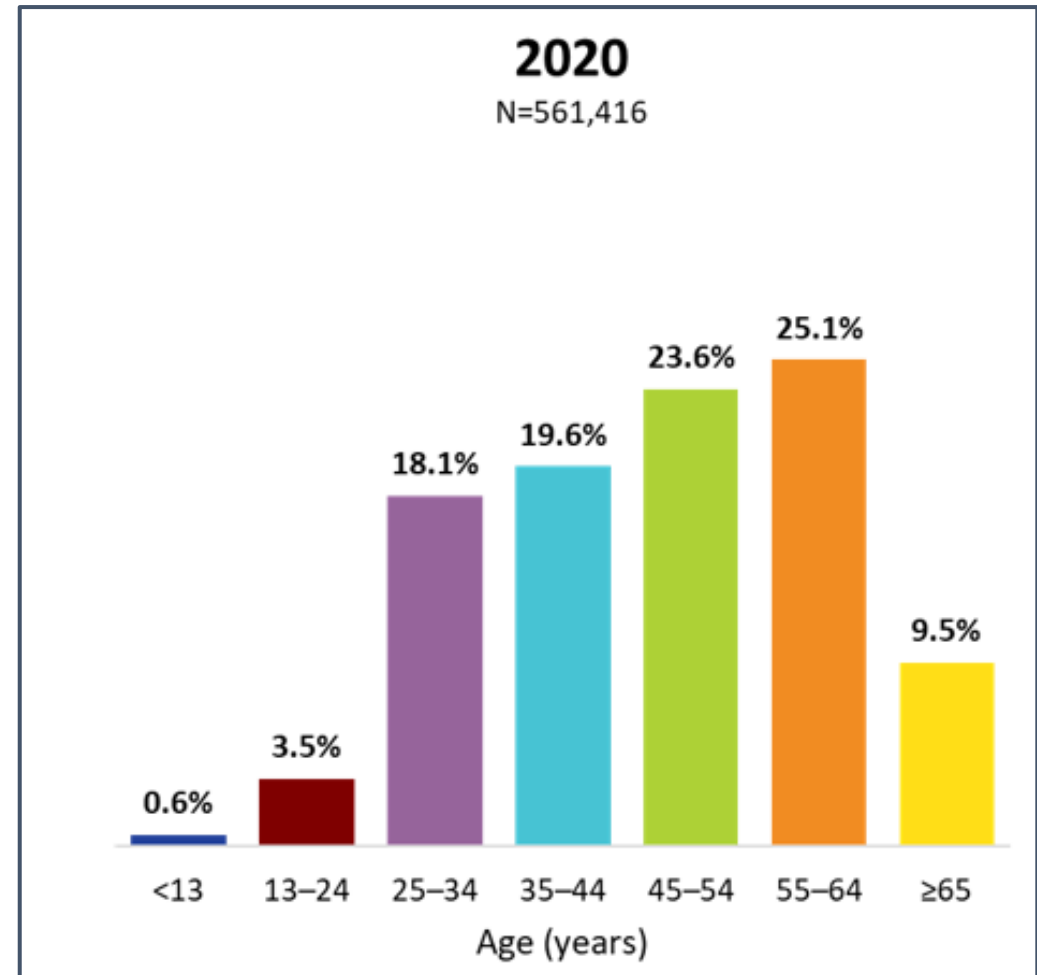
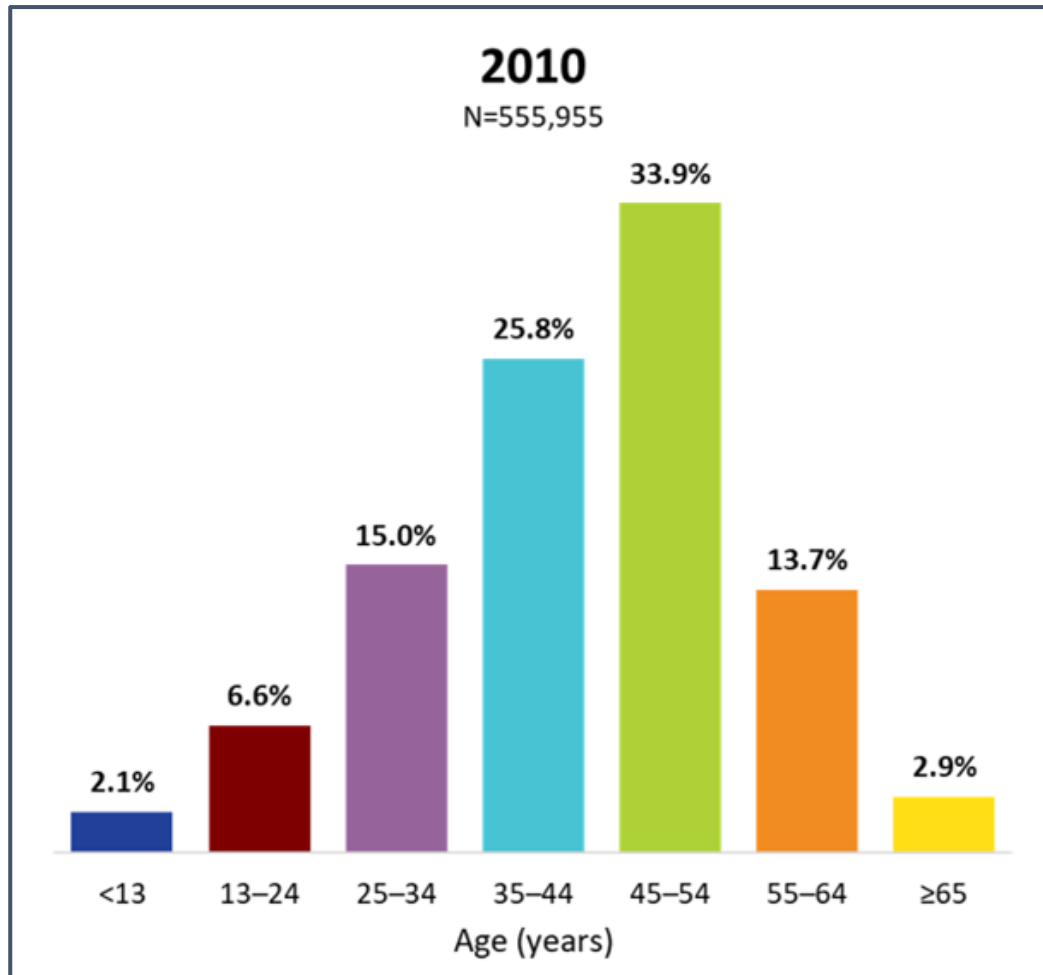


---

# More RWHAP clients are aging into Medicare

- Nearly half (47.9%) of all RWHAP clients are aged 50 years and older, and this is projected to rise to two-thirds by 2030.
- 10.6% of RWHAP clients have Medicare coverage, and an additional 7.5% of clients have both Medicare and Medicaid

# Ryan White HIV/AIDS Program clients, by age group, 2010 and 2020 — United States and 3 territories



# Medicare Eligibility for People with HIV



---

# Primary criteria for Medicare eligibility

- To enroll in Medicare, an individual must be a U.S. citizen or a legal resident for at least five years (with some exceptions).
- **Three potential pathways:**
  - Age 65 or older
  - Under 65 with a qualifying disability
  - Have End Stage Renal Disease (ESRD)

---

# Qualifying for Medicare under 65 with a disability

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

# The Different Parts of Medicare



---

# Medicare Parts A, B, and D

## Covers:

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

## Covers:

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

## Covers:

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

# Original Medicare

- Includes **hospital** (Medicare Part A) and **medical** coverage (Medicare Part B).
- **Does not include supplemental prescription drug coverage** (Medicare Part D), which must be purchased separately.
- Original Medicare plans are administered by the federal government.





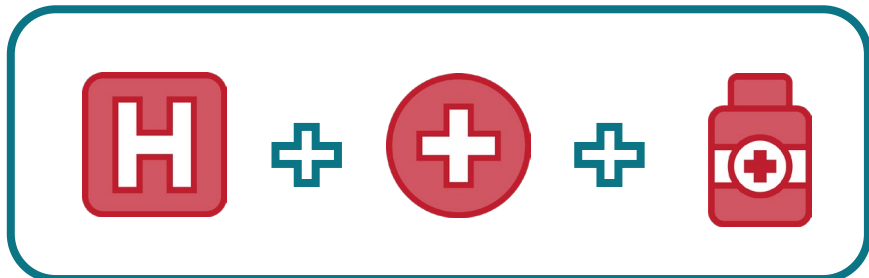
# The gaps in Original Medicare coverage



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

---

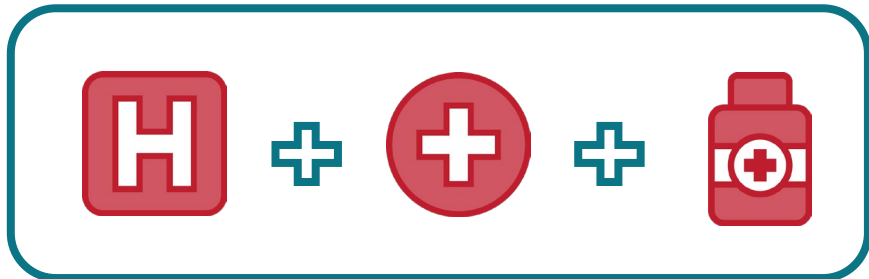
# Medicare Advantage/ Medicare Part C



- Medicare Advantage plans are “**bundled**” plans that include hospital (Medicare Part A), medical (Medicare Part B), and prescription drug coverage (Medicare Part D).
- Medicare Advantage is also called Medicare Part C.
- **Plans may have a monthly premium.** RWHAP, including the AIDS Drug Assistance Program (ADAP), may be able to help.
- Plans may provide extra services, such as vision or dental.
- Medicare Advantage is administered by private insurance companies that contract with the government.

---

# Opting for Medicare Advantage instead



- A client 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 an “out of network” provider.
- Medicare Advantage may be a better option for clients with less complex medical needs and those who do not often travel outside their state.

---

# Medicare supplemental insurance (Medigap)



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

# Comparing coverage and costs

Original Medicare	Medicare Advantage (aka Part C)
Administered by the federal government	Administered by private insurance companies
Includes Part A (hospital insurance) and Part B (medical insurance)	Includes Part A (hospital insurance) and Part B (medical insurance)
Clients can opt to purchase an additional standalone Part D (prescription drug coverage) plan	Often, but does not always, includes Part D (prescription drug coverage)
Clients can opt to purchase a Medigap (supplemental coverage) policy to help with out-of-pocket costs	Typically, but does not always, includes lower out-of-pocket costs and extra benefits

Shop and compare Original Medicare and Medicare Advantage plans at [www.medicare.gov](https://www.medicare.gov)

# Medicare Part D: A Deeper Dive into Prescription Drug Coverage



---

# 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 (Medicare Part C)**

- 
- Original Medicare enrollees only need to have Medicare Part A or Part B to purchase a Part D plan.

---

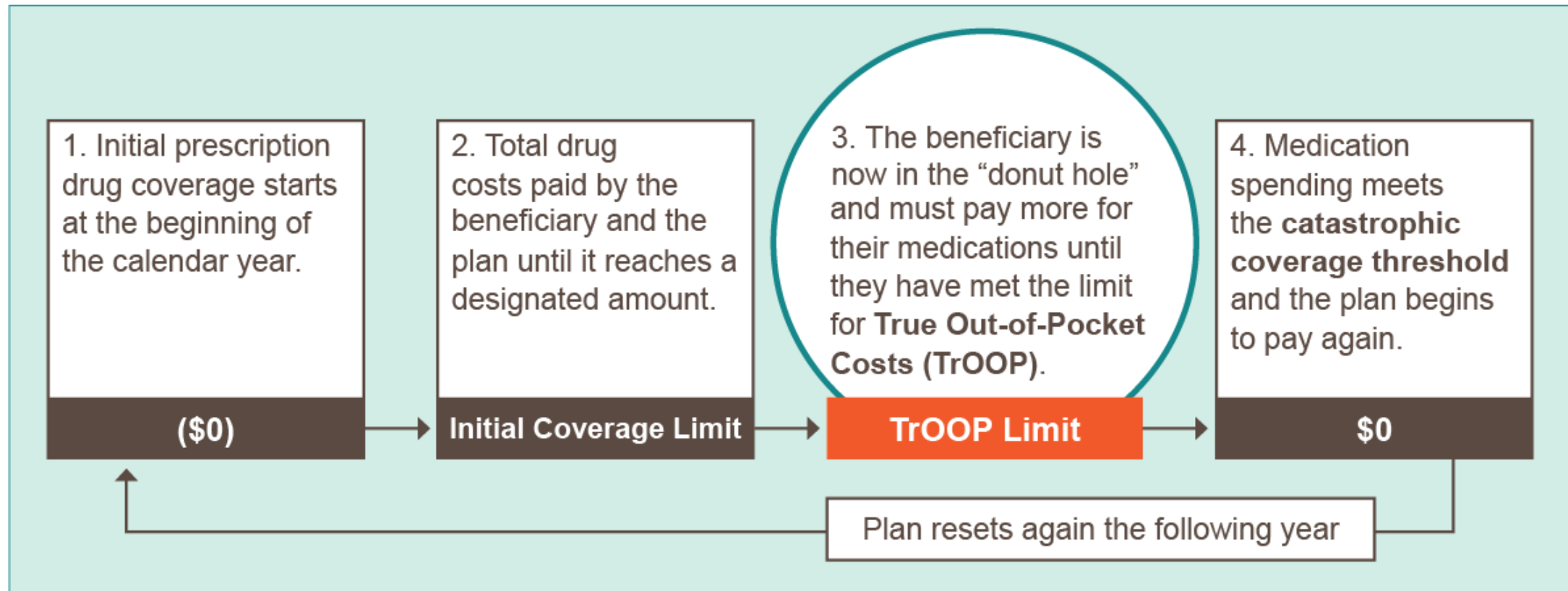
# Medicare Rx plan: HIV drug coverage

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



# The donut hole for prescription drug coverage

- The coverage gap when Medicare drug coverage has ended but an individual does not yet qualify for catastrophic coverage.
- During this period, the amount an individual pays will be higher.



# Medicare Enrollment Pathways





### Claiming Social Security Disability Insurance (SSDI) – under age 65

A person with SSDI will automatically qualify for Medicare after they have received SSDI payments for 24 months.



### Claiming Social Security Retirement Benefits – age 62 to 65

A person may claim Social Security retirement benefits as early as 62, and will be auto-enrolled into Medicare at 65.

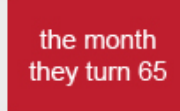


### Initial Enrollment Period (IEP) - turning 65

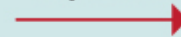
3 months before they turn 65



the month they turn 65



3 months after they turn 65

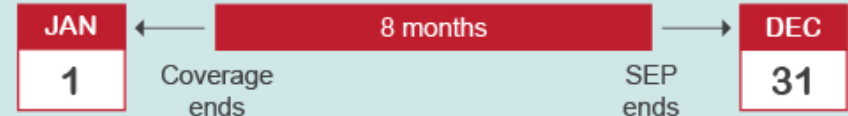


65



### Special Enrollment Period (SEP) - age 65+

8 month window to apply after losing employer sponsored coverage.



### General Enrollment Period (GEP) - age 65+

Runs January 1 to March 31 annually for those who missed the IEP. Coverage starts on July 1 of that year.



# Overview of Medicare Enrollment Pathways

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



If a person signs up for Medicare during the first 3 months of their Initial Enrollment Period, in most cases, their Medicare coverage starts the first day of their birthday month. However, if their birthday is on the first day of the month, their coverage will start the first day of the prior month.

If they enroll in Medicare the month they turn 65 or during the last three months of their Initial Enrollment Period, the start date for their coverage will be delayed.

**Coverage begins** one to three later, depending on when they enroll.

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

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



Coverage begins the first month after they enroll.

# General Enrollment Period (GEP) for late enrollees

- Enroll through the GEP if they missed the IEP and don't qualify for an SEP.
- The GEP runs from January 1 to March 31 annually, but coverage does not start until July 1 of that year.
- A client may have to pay a late enrollment penalty for Medicare Part A (if they don't qualify for premium-free Part A) or Medicare Part B.
- They cannot enroll in Medicare Part D until their Part A or B coverage starts.



---

# How to avoid penalties: sign up when first eligible

- **Medicare Part A Penalty**
  - For people who don't qualify for premium-free Part A, pay an additional 10% on their monthly premium for twice the number of years they were eligible.
  - Can be avoided if they have employer-sponsored coverage.
- **Medicare Part B Penalty**
  - Pay an additional 10% for each year they were eligible **(a lifetime penalty!)**
  - Can be avoided if they have employer-sponsored coverage or qualify for a Medicare Savings Program.
  - If incurred prior to age 65, can be reset to \$0 during IEP at age 65.

---

# How to avoid penalties: sign up when first eligible

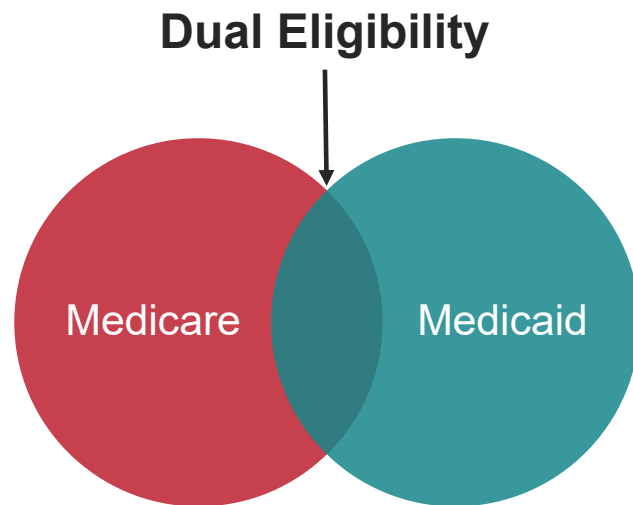
- **Medicare Part D Penalty**
  - Pay an additional 1% of a national benchmark amount for each full, uncovered month a person did not have Part D or other creditable coverage.
  - **This is also a lifetime penalty!**
  - Generally significantly smaller than Part A or B penalties and much easier to resolve
  - Can be avoided by having creditable prescription drug coverage or qualifying for the Extra Help program



# Dual Eligibility Fundamentals



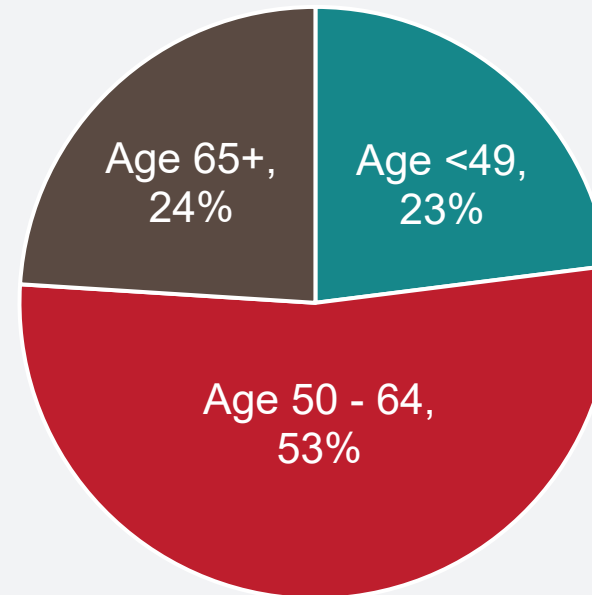
# What is dual eligibility?



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

# Aging, dual eligibility, and the RWHAP

- Among dually eligible RWHAP clients:
  - The vast majority are **over age 50**
  - One-fourth are aged 65 and older
  - The majority are African American or Hispanic/Latino



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

---

# What is integrated care?

- A model of care where **a single entity coordinates with Medicare and Medicaid** to conduct administrative activities, financing, care management, and service delivery for people who are dually eligible for both programs.
- Integrated care plans (ICPs) aim to:
  - Increase health care access
  - Improve care quality
  - Reduce costs
- Typically includes primary care, acute care, behavioral health, and long-term services and supports, when possible.
- Not standardized or available in every state.

# Billing and the Role of RWHAP/ADAP



---

# Overview of billing and payors

## First Payor

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

## Second Payor

Medicaid pays next for services that Medicare (including Medigap, if applicable) does not cover or only partially covers, such as long-term services and supports.

## Last Payor

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

---

# Role of RWHAP

- RWHAP can help clients with:
  - Medical case management and support services
  - Enrollment into health coverage, including Medicare and Medicaid
  - Linkage to local, state, and federal assistance programs that may further reduce out-of-pocket costs

# How RWHAP can help with Medicare costs

- RWHAP funds may be used to pay for Medicare premiums and cost sharing associated with Medicare Parts B, C, and D coverage:



- Outpatient/ambulatory health services (Medicare Part B)



- Prescription drug coverage (Medicare Part D) that includes at least one drug in each class of core antiretroviral therapeutics

- Note: RWHAP funds **cannot** be used to pay for Medicare Part A premiums, per [HRSA HAB PCN #18-01](#)



# Enrollment Challenges and Best Practices, including SHIP



AIDS  
FOUNDATION  
CHICAGO



---

# Common enrollment challenges

- Online system inability to verify identity stalls online applications for Medicare Parts A & B.
- Lengthy wait times
  - To get through to SSA
  - To apply by phone for Parts A and B
- Difficulties recovering passwords for accounts (especially w/o email)
  - Website to apply for Parts A and B
  - Medicare.gov
- Language barriers
- Predatory enrollment by:
  - Scammers
  - Brokers
  - Other assisters w/ affiliations to insurance companies

---

## BEST PRACTICE #1: Ensure continuity of coverage

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

---

## BEST PRACTICE #2: Actively enroll

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

---

## BEST PRACTICE #3: Avoid penalties

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

---

## BEST PRACTICE #4: Provide one- on-one enrollment support

- Establish a relationship with your local State Health Insurance Assistance Program (SHIP) and/or area aging agency: [shiphelp.org](http://shiphelp.org)
  - Local SHIPs are often housed under area aging agencies
- Two options for engaging with SHIP:
  - Refer clients to SHIP for external Medicare enrollment support
  - Support RWHAP staff to become trained SHIP counselors in order to build in-house enrollment capacity

---

# State Health Insurance Assistance Programs (SHIP)

- State-based programs that provide **local and objective insurance counseling** and assistance to Medicare-eligible individuals, their families, and caregivers.
  - Review health or drug plan options
  - Explore financial assistance options
  - Explain how Medicare works with other types of health coverage
  - Help with complex issues such as dual eligibility for Medicaid and Medicare.
- Find your local SHIP: [shiphelp.org/about-medicare/regional-ship-location](https://shiphelp.org/about-medicare/regional-ship-location)

---

# Train RWHAP staff as SHIP counselors

- **RWHAP and ADAP program staff are ideal SHIP counselors.**
  - They understand the eligibility requirements for both programs, the coverage needs of people with HIV, and state-specific programs.
- Training programs and certification requirements may vary by state.
  - Individual SHIP counselors must be associated with a SHIP-certified organization.
  - Contact your state health department for more information.



---

# Benefits of becoming a SHIP counselor

- Rapport is already established with those on your case load.
- Ability to ensure your RWHAP clients obtain the most appropriate coverage.
- Ability to explain to clients how the coverage will interact with the ADAP and other RWHAP benefits.

---

# Additional partnership strategies

- Communicate with providers to learn what plans are accepted.
- Work with RWHAP case managers to narrow down plan options or gather needed details before enrollment appointment.
- If your agency is not a SHIP site, determine if any other RWHAP agencies are SHIP sites.
- Stay up-to-date as to what your state's RWHAP program covers and the process to obtain that assistance.

# Resource Round-Up



# ACE TA Center Medicare Resources

**ACE TA CENTER MEDICARE TOOL**

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

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

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

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

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

### Medicare Beneficiaries Living with HIV\*

- 79% are under age 65 and qualify due to disability (compared to 17% of Medicare beneficiaries overall)
- 21% are aged 65+ (63% of these clients became eligible based on age alone)
- 69% are dually eligible for Medicare and Medicaid

Find the answers to these questions:

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

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

**ACE TA CENTER MEDICARE TOOL**

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

Medicare prescription drug coverage helps individuals pay for both brand-name and generic drugs, including HIV medications. Individuals can get Medicare prescription Part D prescription drug coverage plan to complement Original (also known as Traditional) Medicare.

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

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

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

Find the answers to these questions:

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

### 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.

**ACE TA CENTER MEDICARE TOOL**

## How Medicare Enrollment Works

### Enrolling in Medicare Based on a Qualifying Disability

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

### Enrolling in Medicare at Age 65

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

Individuals must have at least 40 quarters of work credits (which is equal to about 10 years of work) to qualify for Medicare Part A without having to pay a premium. People earn more at [www.ssa.gov/planners/disability](http://www.ssa.gov/planners/disability).

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

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

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

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

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

Find the answers to these questions:

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

### Medicare Parts At-a-Glance

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

# ACE TA Center Medicare Resources

ACE TA CENTER MEDICARE TOOL

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

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

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

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

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

#### SHIP programs can help:

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

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

**Find the answers to these questions:**

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

ACE TA CENTER MEDICARE TOOL

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

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

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

### Key Takeaways:

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

Visit [TargetHIV.org](http://TargetHIV.org) for more Medicare resources for RWHP clients and other people with HIV:

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

[targethiv.org/ace/medicare](http://targethiv.org/ace/medicare)

ACE TA CENTER MEDICARE TOOL

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

### What is a Medicare Savings Program?

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

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).<sup>1,2</sup>

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.<sup>1,3</sup>

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).

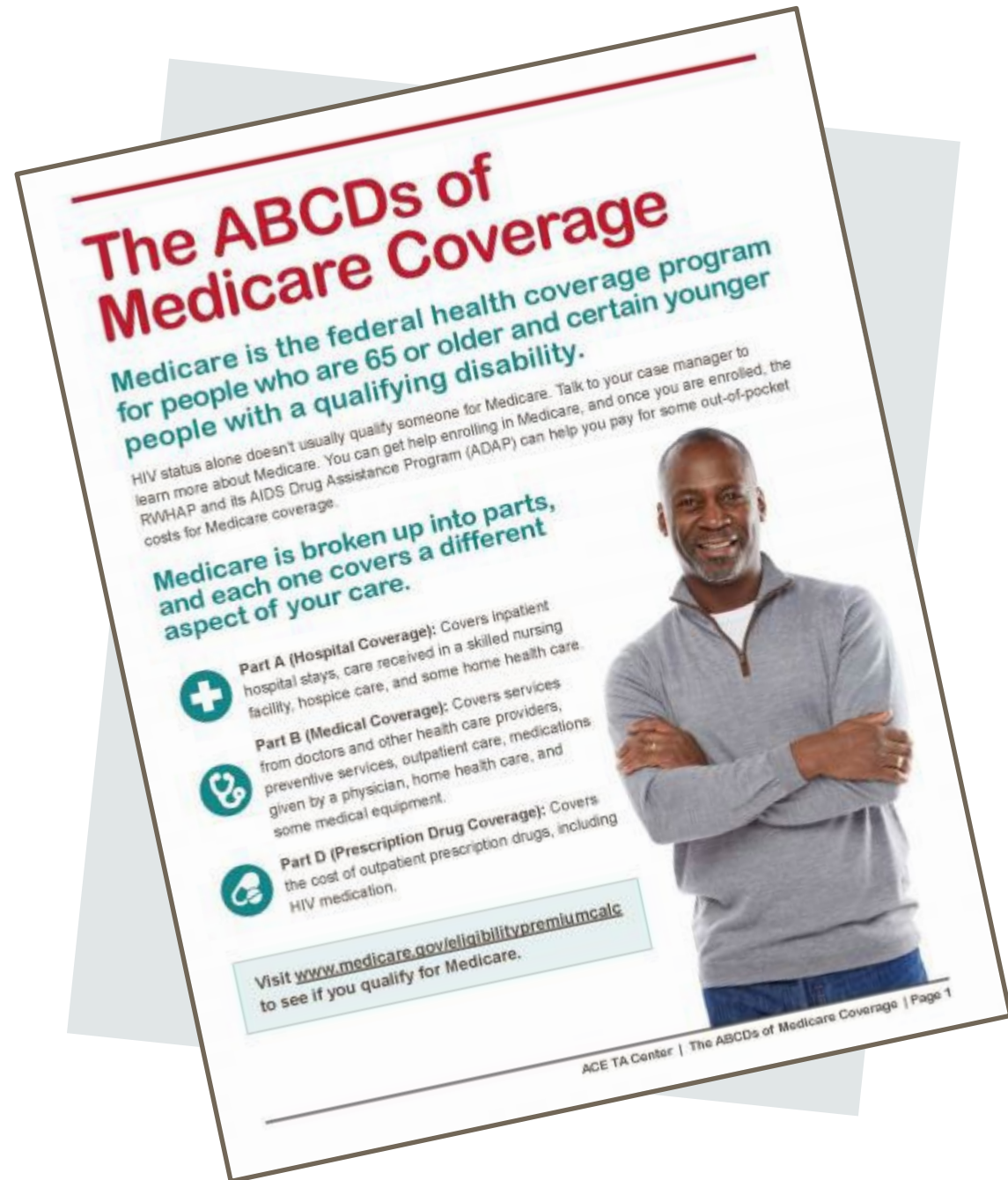
This resource provides Ryan White HIV/AIDS Program (RWHP) staff and program administrators with an overview of Medicare Savings Programs and Extra Help eligibility and coverage for RWHP clients.

**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 RWHP 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](http://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs)

# ACE TA Center Medicare Resource for Clients



## The ABCDs of Medicare Coverage

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

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

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

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

Visit [www.medicare.gov/eligibilitypremiumcalc](http://www.medicare.gov/eligibilitypremiumcalc) to see if you qualify for Medicare.

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

[targethiv.org/ace/medicare](http://targethiv.org/ace/medicare)

---

# ACE TA Center Medicaid Resource



[targethiv.org/ace/medicaid](https://targethiv.org/ace/medicaid)

# ACE TA Center Dual Eligibility Resource

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

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

Find the answers to these questions:

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

### Start with the Basics

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

### What is Dual Eligibility?

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

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

### Key Terms

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

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

[targethiv.org/ace/dual-eligible](https://targethiv.org/ace/dual-eligible)



Thank you.

Find us at: [targethiv.org/ace](https://targethiv.org/ace)



Sign up for our mailing list, download tools and resources, and more: [targethiv.org/ace](https://targethiv.org/ace)

Contact ACE at [acetacenter@jsi.com](mailto:acetacenter@jsi.com)

Contact AFC at [info@aidschicago.org](mailto:info@aidschicago.org) or call 312-922-2322 for general questions.



# How To Claim CE Credit

If you would like to receive continuing education credit for this activity, please visit:

[ryanwhite.cds.pesgce.com](https://ryanwhite.cds.pesgce.com)