

Medicare Enrollment and Coverage for Ryan White HIV/AIDS Program (RWHAP) Clients

Access, Care, and Engagement (ACE) TA Center
February 27, 2024

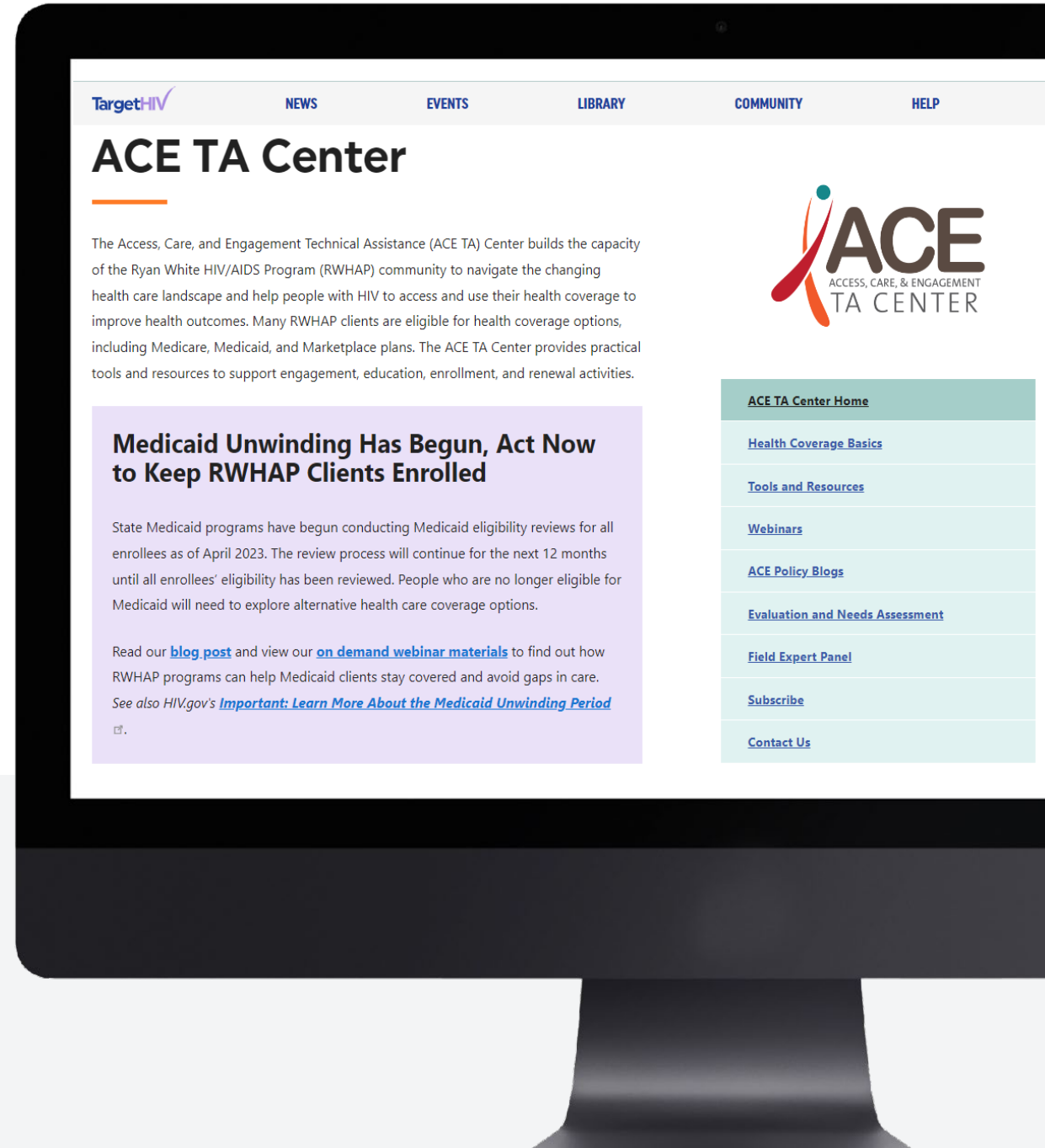


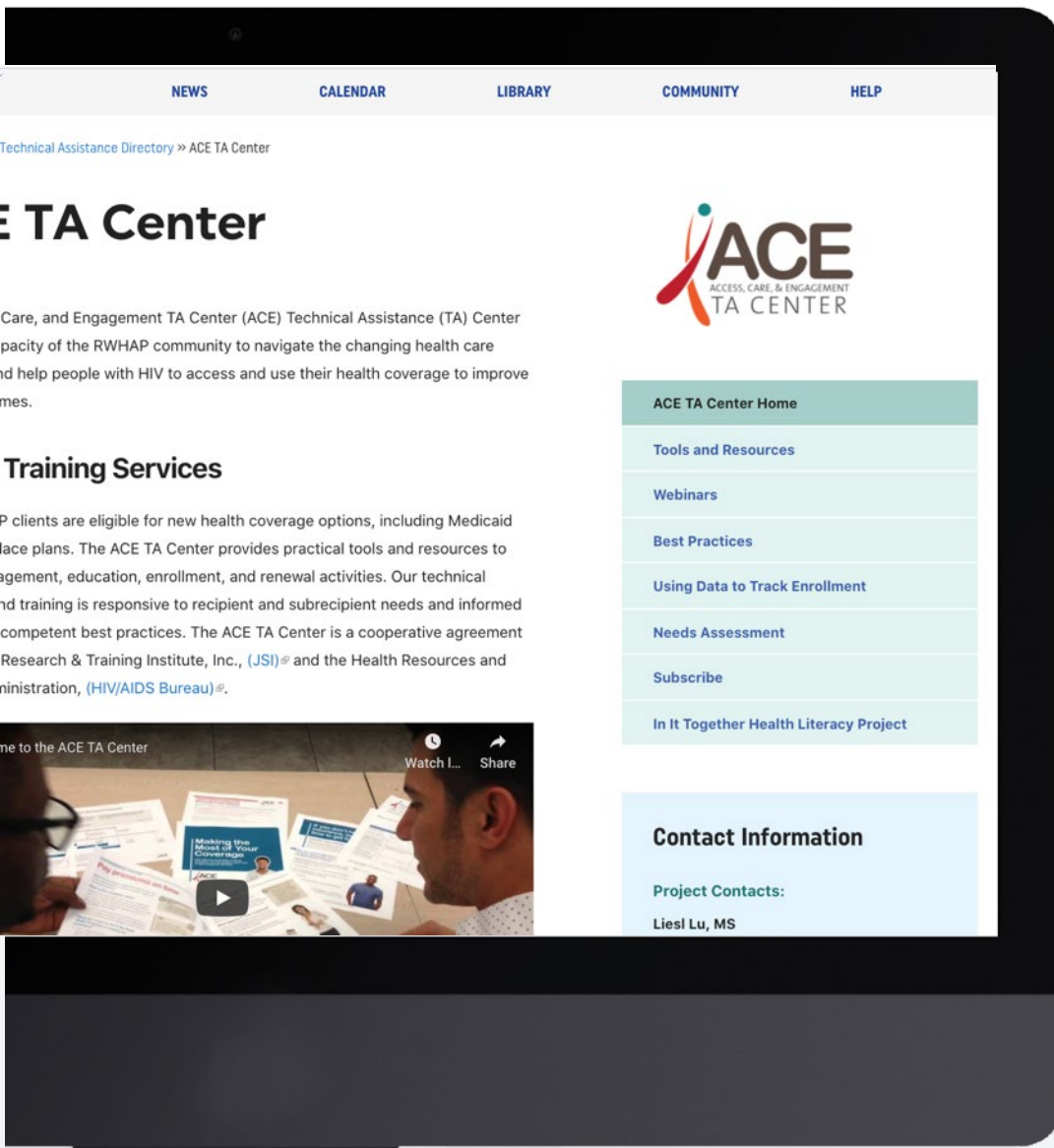
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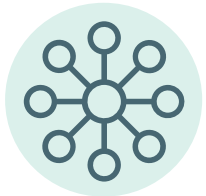
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The ACE TA Center helps organizations



Engage, enroll, and retain

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



Communicate with Ryan White HIV/AIDS Program (RWHAP) clients

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



Improve the clarity

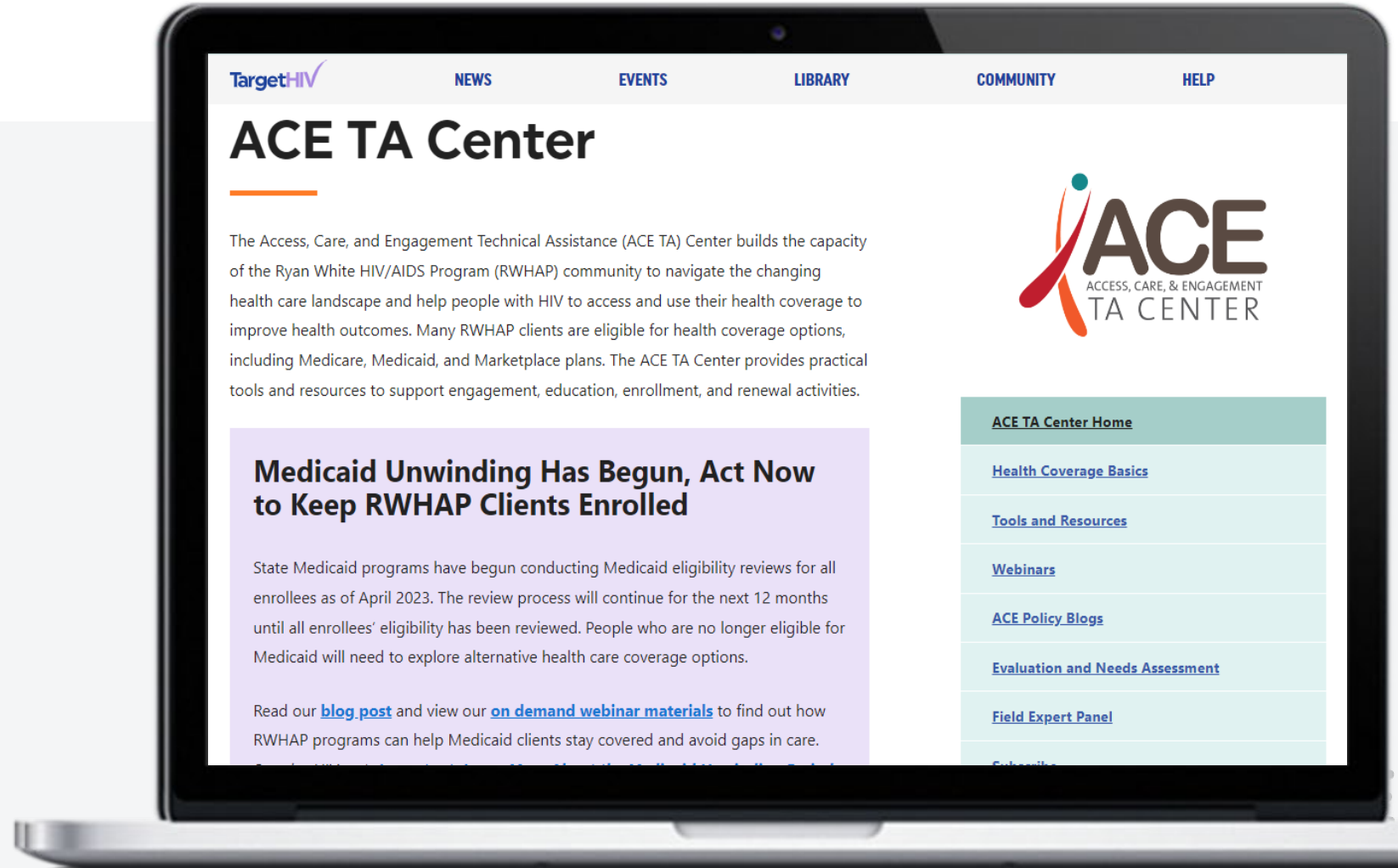
of their communication around health care access and health insurance.



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

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ACE TA Center

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



Medicaid Unwinding Has Begun, Act Now to Keep RWHAP Clients Enrolled

State Medicaid programs have begun conducting Medicaid eligibility reviews for all enrollees as of April 2023. The review process will continue for the next 12 months until all enrollees' eligibility has been reviewed. People who are no longer eligible for Medicaid will need to explore alternative health care coverage options.

Read our [blog post](#) and view our [on demand webinar materials](#) to find out how RWHAP programs can help Medicaid clients stay covered and avoid gaps in care.

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ACE 3-Part Spring Webinar Series



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

Roadmap for today's webinar



Today's presenters

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BRIDGE Team
Project Manager,
Community Resource Initiative

Audience Poll #1

How ready is your organization to assist clients with Medicare enrollment?

- We are experts and we stay up-to-date on enrollment best practices.
- We have some experience and we partner with external enrollment specialists.
- We have some experience and we are building our in-house capacity.
- We have a little experience and are exploring ways to improve.
- Other (chat in your response)

Recap: Medicare Basics



Recap: Part I



- In Part I, we covered:
 - The changing demographics of RWHAP clients
 - Medicare eligibility for people with HIV
 - The different parts of Medicare
 - Comparing Medicare coverage options (Original Medicare vs. Medicare Advantage)
 - Medicare enrollment pathways
- View the recording at targethiv.org/ace/webinars

Primary criteria for Medicare eligibility

- To enroll in Medicare, an individual must be a U.S. citizen or a legal resident for at least five years (with some exceptions).
- **Three potential pathways:**
 - Age 65 or older
 - Under 65 with a qualifying disability
 - Have end stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS, also known as Lou Gehrig's disease)

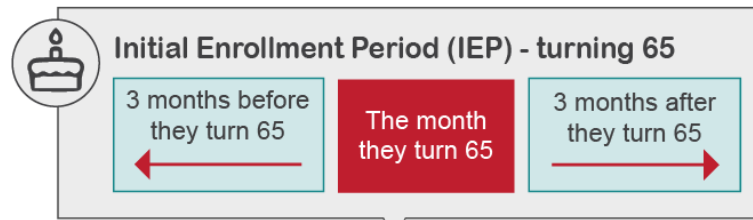
Comparing coverage and costs

- Shop and compare Original Medicare and Medicare Advantage Plans at www.medicare.gov
- The RWHAP, including ADAP, may help pay for Medicare and/or Medigap premiums, deductibles, and copayments.

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

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.



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

JAN	FEB	MAR
1		31

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

Loss of employer coverage	8 MONTHS	SEP ends

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

Medicaid eligibility terminates	6 MONTHS	SEP ends

Overview of Medicare Enrollment Pathways

Best practices and enrollment support



Best practices to support Medicare enrollment

- ✓ Ensure continuity of coverage
- ✓ Actively enroll
- ✓ Enroll when first eligible
- ✓ Provide one-on-one enrollment support

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 Medicare premiums, deductibles, and copayments.

BEST PRACTICE #2: Actively enroll

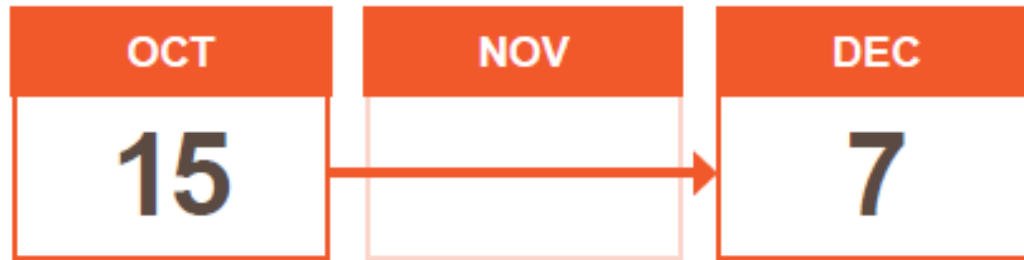
- For clients who choose:
 - Original Medicare (Parts A and B), enroll through Social Security
 - Medicare Advantage, Medicare Part D (Rx Drug Plan), or Medigap, enroll through Medicare.gov
- Only a small subset of people are automatically enrolled in Medicare:
 - People already receiving Social Security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

BEST PRACTICE #3: Enroll when first eligible

- Help clients enroll as soon as they are eligible (usually during the Initial Enrollment Period at age 65) 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 65th birthday
 - Will be receiving their 25th month of SSDI benefits

Changing Medicare plans after enrollment

Medicare Open Enrollment Period

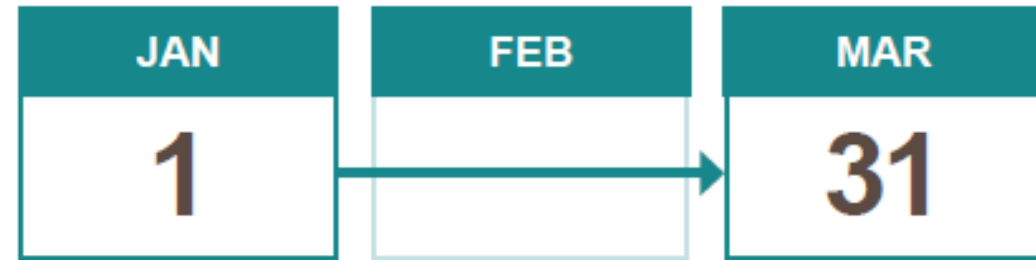


October 15 – December 7 annually

Anyone with Medicare coverage, whether Original Medicare or Medicare Advantage, can make a change to their medical and prescription coverage for the following year.

New coverage begins January 1 the following year.

Medicare Advantage Open Enrollment Period



January 1 – March 31 annually

Individuals with Medicare Advantage can switch to a different Medicare Advantage plan or return to Original Medicare.

Any changes will be effective the first of the month after the plan gets the request.

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

- Establish external referral relationships
- State Health Insurance Assistance Programs (SHIP) 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

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

- Increase internal staff capacity by training HIV clinic staff (including RWHAP and ADAP) as SHIP counselors.
 - HIV clinic staff are ideal SHIP counselors because 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.

Audience Poll #2

Is your organization connected with a SHIP counselor?

- Yes, we have SHIP counselors on staff
- Yes, we refer our clients to a SHIP counselor
- No, we are not connected but working to do so
- No, we are not aware of SHIP counselors in our area
- Other (chat in your response)

Audience Poll #3

Do you have a need for additional client-level resources on Medicare?

- Yes
- No

Audience Poll #4

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

- Determining whether they are eligible for Medicare
- Deciding when to enroll in Medicare
- Choosing between Original Medicare and Medicare Advantage
- Understanding dual eligibility for both Medicare and Medicaid
- Transitioning to Medicare from another type of coverage
- Knowing where to go for external Medicare enrollment support
- Understanding what Medicare covers
- Accessing age-appropriate Medicare resources
- Accessing culturally-appropriate Medicare resources
- Other (chat in your response)

Enrollment challenges



ENROLLMENT CHALLENGE #1: Avoiding late enrollment penalties

- **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.

ENROLLMENT CHALLENGE #1: Avoiding late enrollment penalties

- **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

ENROLLMENT CHALLENGE #1: Avoiding late enrollment penalties

- Make sure RWHAP clients enroll in Medicare Part A, B, and/or D when they are first eligible, unless they have a legitimate reason to defer, such as:
 - Client is still working and has employer-sponsored insurance.
 - Client is eligible for a Medicare Savings Program.
 - Client has other creditable prescription drug coverage.
 - Client qualifies for the federal Extra Help program.

ENROLLMENT CHALLENGE #2: Deferring enrollment if keeping employer coverage

- If a client plans to keep employer-sponsored coverage, make sure they talk to their employer's human resources department first before deferring Medicare enrollment.
- Individuals on employer-sponsored insurance (through their own or a spouse's employer) can generally enroll into Part A and keep their employer-sponsored plan.
- A retiree plan or COBRA coverage is **NOT** considered qualifying coverage, and does not exempt an individual from the Part B late enrollment penalty.

Knowledge Check #1

Which of the following is a legitimate reason to defer enrollment in Medicare Part B?

- A. Having COBRA coverage
- B. Having employer-sponsored coverage
- C. Having retiree insurance
- D. All of the above

Knowledge Check #1

Which of the following is a legitimate reason to defer enrollment in Medicare Part B?

- A. Having COBRA coverage
- B. Having employer-sponsored coverage**
- C. Having retiree insurance
- D. All of the above

Knowledge Check #2

What steps should RWHAP clients take if they are considering deferring Medicare enrollment in favor of employer-sponsored insurance?

- A. Contact their employer's human resources department to identify any potential conflicts
- B. Contact the Social Security Administration to confirm whether deferring Medicare Part B coverage will incur a penalty
- C. Time their Medicare Part B deferment during their Initial Enrollment Period
- D. All of the above

Knowledge Check #2

What steps should RWHAP clients take if they are considering deferring Medicare enrollment in favor of employer-sponsored insurance?

- A. Contact their employer's human resources department to identify any potential conflicts
- B. Contact the Social Security Administration to confirm whether deferring Medicare Part B coverage will incur a penalty
- C. Time their Medicare Part B deferment during their Initial Enrollment Period
- D. All of the above**

ENROLLMENT CHALLENGE #3: Transitioning from Marketplace to Medicare

- **Enroll in Medicare when first eligible during Initial Enrollment Period (IEP)**
 - If a client missed the IEP, enroll through the next GEP, a Special Enrollment Period or equitable relief
- **Marketplace Termination:**
 - Marketplace coverage usually does NOT terminate automatically.
 - Clients will lose APTCs if they are:
 - Eligible for premium-free Medicare Part A and still enrolled in Marketplace coverage
 - Enrolled in Medicare Part A with a premium
 - Clients can keep APTCs if they are eligible for but not enrolled in Medicare Part A with a premium.

ENROLLMENT CHALLENGE #3: Transitioning from Marketplace to Medicare

- **Encourage clients to do the following:**
 - Check mail frequently for notices from the Marketplace or Medicare.
 - Be aware of the start dates for their Medicare Part A, B, and D coverage before terminating Marketplace coverage, in order to avoid any coverage gaps.
 - Contact the Social Security office if they encounter any enrollment issues.

Knowledge Check #3

True or false? Clients who are currently enrolled in Marketplace coverage will automatically be terminated from their plans once they enroll in Medicare coverage.

- A. True
- B. False

Knowledge Check #3

True or false? Clients who are currently enrolled in Marketplace coverage will automatically be terminated from their plans once they enroll in Medicare coverage.

A. True

B. False

ENROLLMENT CHALLENGE #4: Transitioning from Medicaid to Medicare

- Help patients navigate transitions in coverage due to the **Medicaid unwinding**
- Tips to avoid gaps in coverage:
 1. Make sure patients update their contact information with their state Medicaid agency.
 2. Encourage patients to check their mail frequently for letters from their state Medicaid agency.
 3. Help patients complete their Medicaid renewal form, if they receive one.
 4. If an individual is found ineligible for Medicaid, help them enroll into another form of health coverage (e.g. Medicare, Marketplace plan).

ENROLLMENT CHALLENGE #4: Transitioning from Medicaid to Medicare

- Medicare Special Enrollment Period (SEP) for termination of Medicaid coverage is available
 - 6 month SEP that begins when Medicaid eligibility ends or when client is notified of coverage termination, whichever is later
- Clients can choose between:
 - Retroactive coverage back to the date of termination (no earlier than 1/1/23), client must pay the premiums for the retroactive covered time period.
 - Coverage beginning on the 1st of the month after enrolling

Financial help



How the RWHAP can help

- 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](#)

Tips for helping clients use RWHAP with Medicare coverage

- **Remind clients that ADAP is always the payor of last resort.**
 - For clients with Medicare Advantage or Medicare Part D deductibles, clients should direct pharmacies to bill their Medicare, not ADAP, in order to meet their deductible requirements.
- **Premium amounts can change throughout the year.**
 - To avoid coverage termination or accruing past due amounts, keep an eye out for notices in the mail about changes to their premiums so that RWHAP can help clients pay their premiums in full and on time.

Medicare Savings Programs (MSPs) for dually eligible clients

- Federally-funded, **state-administered programs for low-income beneficiaries** that help pay for some or all of the enrollee's Medicare premiums and out-of-pocket expenses.
- Some dually eligible people will qualify.
- 4 types of MSPs (varies by state):
 - Qualified Medicare Beneficiary (QMB)
 - Specified Low-Income Medicare Beneficiary (SLMB)
 - Qualifying Individual (QI)
 - Qualified Disabled and Working Individuals (QDWI)

Extra Help Program: Part D Low- Income Subsidy (LIS)

- A federal program that helps individuals pay for **some or most of the out-of-pocket costs** associated with **Medicare Part D** prescription drug coverage.
- **New!** As of January 1, Extra Help is expanded to provide the full subsidy to all eligible individuals with incomes under 150% FPL
- Individuals enrolled in an MSP often qualify for Extra Help automatically.
- Enrolling in the Extra Help program will **eliminate any Medicare Part D late enrollment penalties** that an individual may have incurred.

Other sources of financial help

- **State Pharmaceutical Assistance Programs (SPAPs)** can help eligible people pay for their prescription drugs based on financial need, age, or medical condition.
- Some major drug manufacturers offer **Patient Assistance Programs (PAPs)**, which provide free or low-cost medications for people with Medicare drug coverage who meet certain requirements.
- **Programs of All-Inclusive Care for the Elderly (PACE)** are state-administered programs for dually eligible individuals who require a nursing home-level of care.

Other sources of financial help

- **Low-Income Newly Eligible Transition (LINET)** program provides temporary, sometimes retroactive, Part D coverage for those who were on Medicaid and are waiting for Part D to start.
- Other state and local resources, such as financial assistance programs through clinics, hospitals, and federally qualified health centers.

Resource round-up



ACE TA Center Medicare resources

ACE TA CENTER MEDICARE TOOL

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

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

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

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

Medicare Beneficiaries Living with HIV²

- 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
- not dually eligible

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

ACE TA CENTER | The Basics of Medicare for RWHP Clients Page 1

ACE TA CENTER MEDICARE TOOL

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

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

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

However, if a Medicare enrollee is enrolled in Original Medicare and chooses **not** to enroll in drug coverage when they are first eligible, they will likely have to pay a **late enrollment penalty**. The penalty is in addition to their monthly premium for as long as they have a Medicare drug plan. Have other creditable prescription drug coverage. If clients are unsure, they should ask their health plan administrator for a copy of the notice.

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. 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.

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 cover HIV medications?
4. How can the RWHP, including its AIDS Drug Assistance Program (ADAP), help clients pay for Medicare prescription drug coverage?
5. What is the "donut hole" period for prescription drug coverage?

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

ACE TA CENTER | Medicare Prescription Drug Coverage for RWHP Clients Page 1

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 work credits when they work in a job and pay Social Security taxes. Learn more at www.ssa.gov/planners/disability.

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

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

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

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

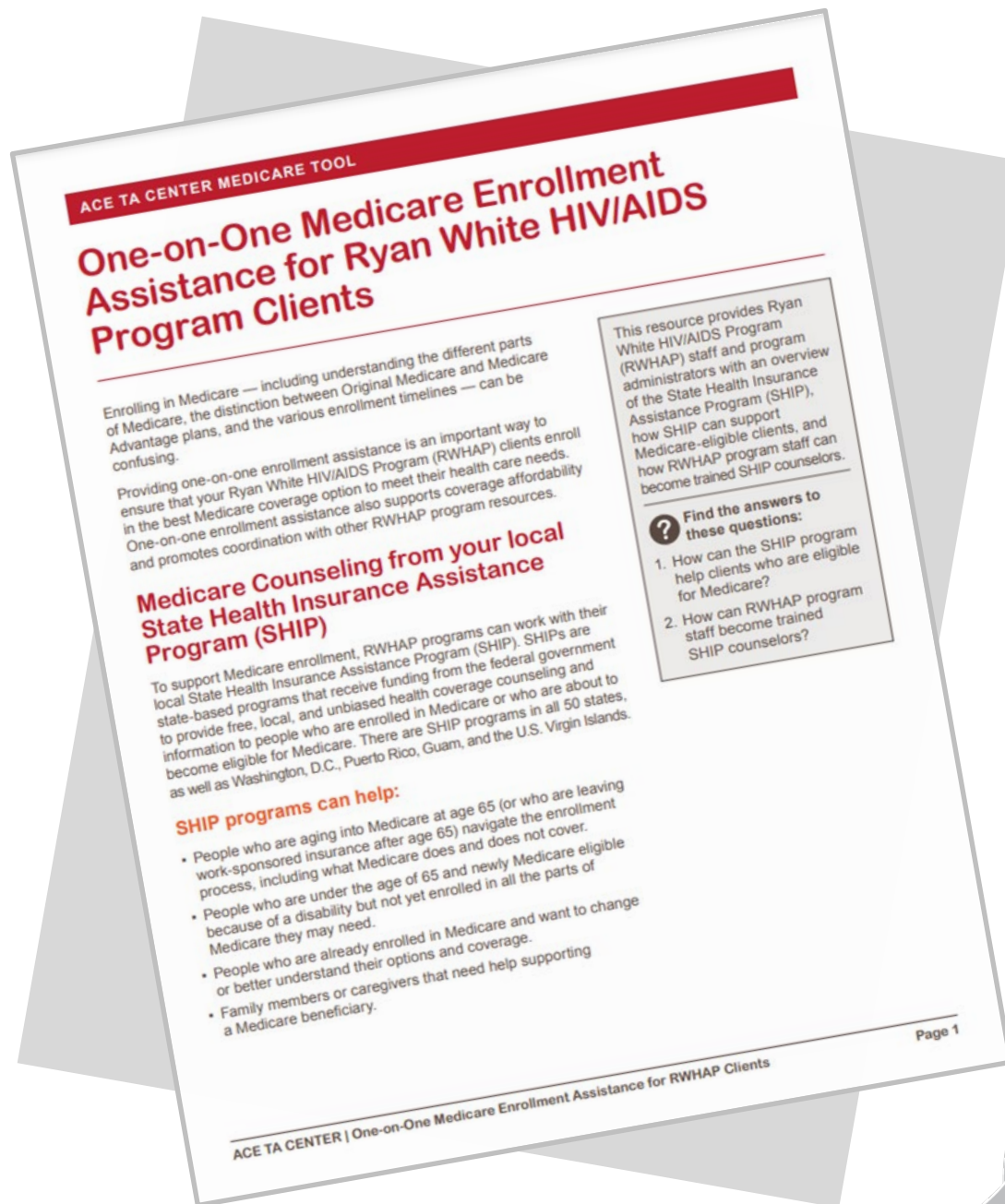
- They can sign up for Part A once their Initial Enrollment Period starts. But they can only sign up for Part B at specific times.
- If they miss the window to sign up for Part B, they will be subject to a late enrollment surcharge equal to 10 percent of the standard Part B premium for each 12 months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

Medicare Parts At-a-Glance

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

ACE TA CENTER | How Medicare Enrollment Works Page 1

Tool: One-on-One Medicare Enrollment Assistance

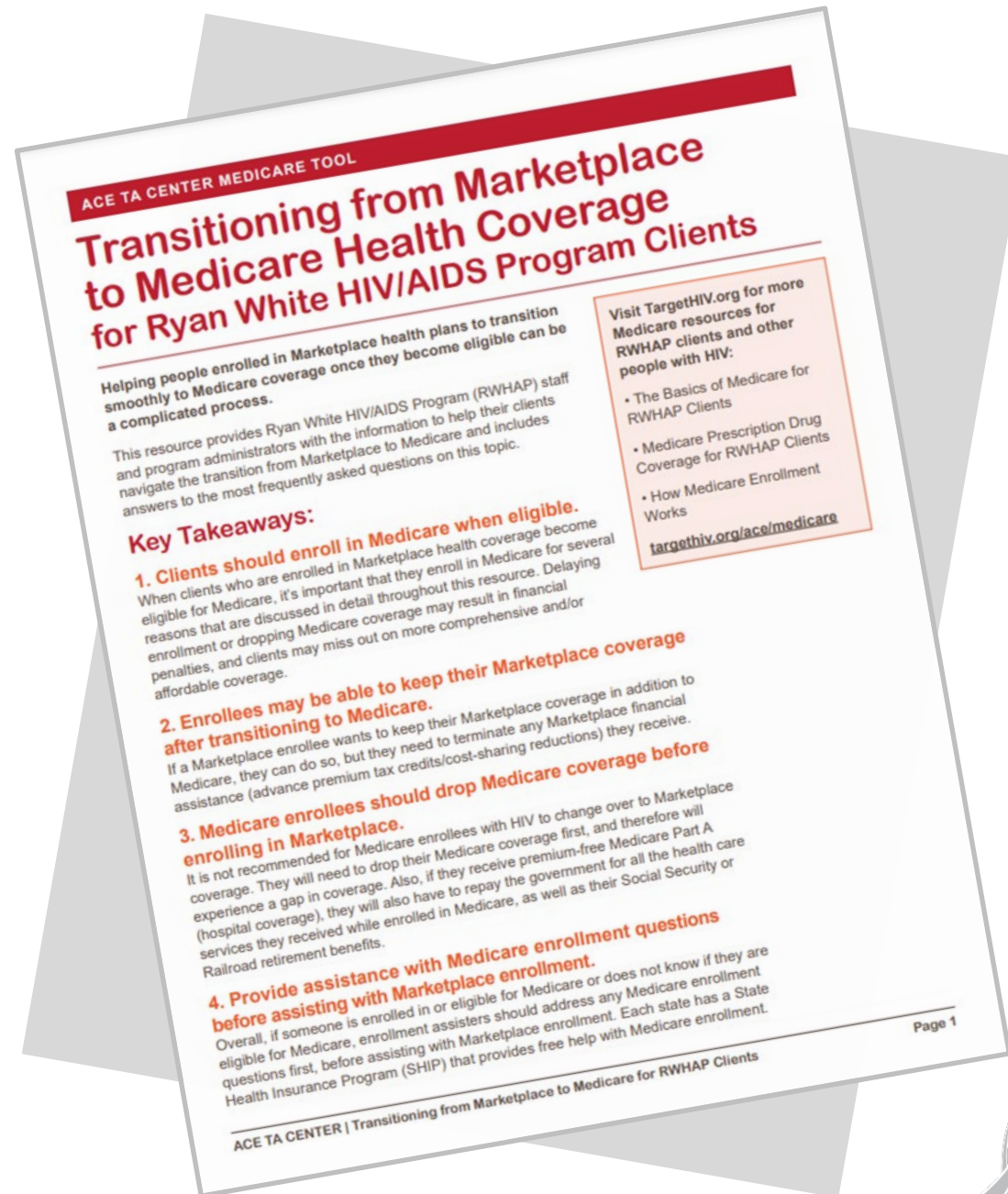


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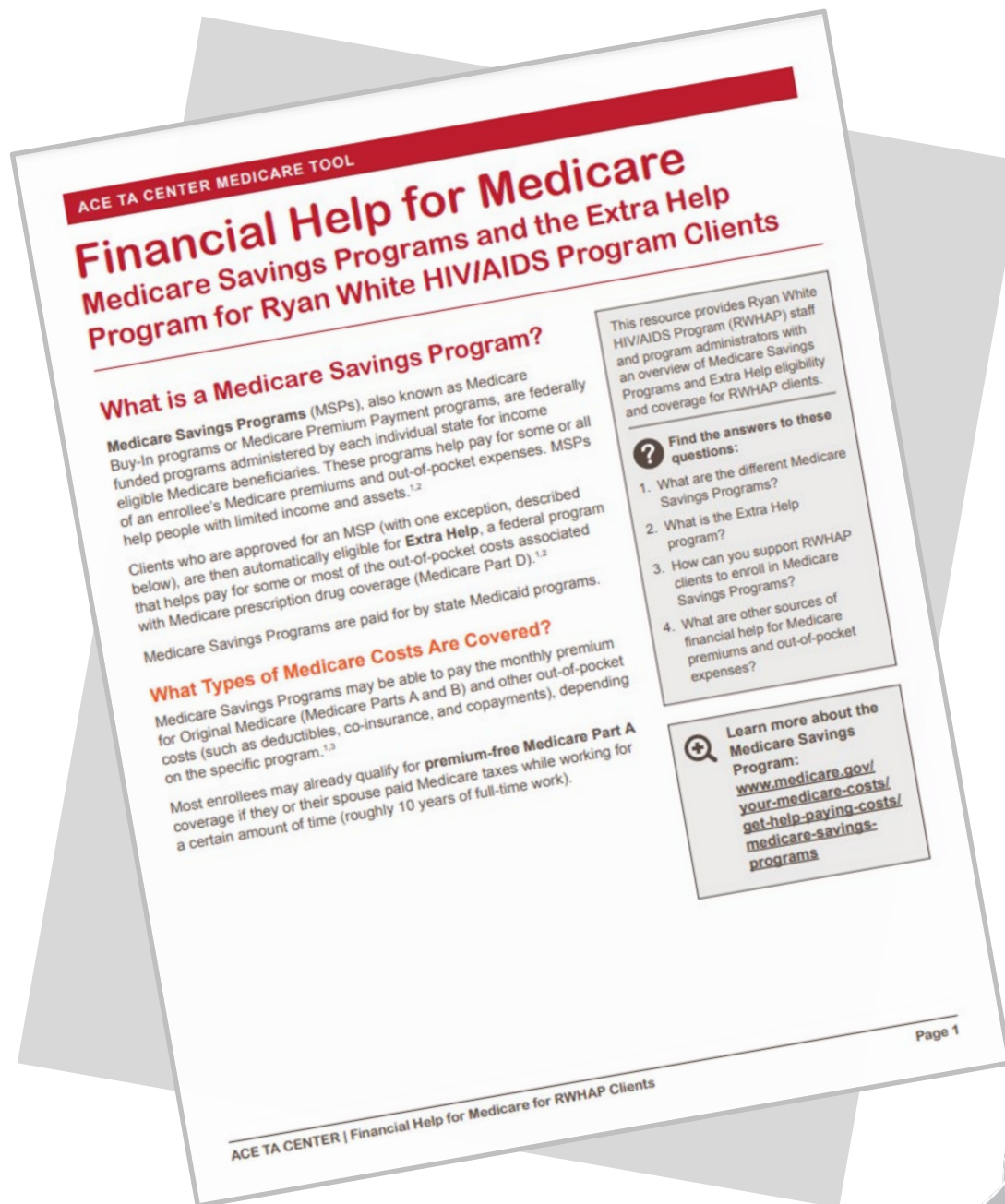


Tool: Transitioning from Marketplace to Medicare

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Tool: Financial Help for Medicare



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Client Resource: The ABCDs of Medicare Coverage

The ABCDs of Medicare Coverage

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

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

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

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

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

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

targethiv.org/ace/medicare

Tool: Fundamentals of Medicare- Medicaid Dual Eligibility

targethiv.org/ace/dual-eligible

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

This resource provides Ryan White HIV/AIDS Program (RWHAP) 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 RWHAP 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 RWHAP clients and people with HIV.

What is Dual Eligibility?

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

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

Key Terms

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

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

Client Resource: Understanding Dual Eligibility

targethiv.org/ace/dual-eligible

Understanding Dual Eligibility: A Guide for Consumers About Medicare and Medicaid Coverage

You may be eligible for both Medicare and Medicaid.

Medicare and Medicaid are both government-funded health coverage programs that help people pay for their health care costs. Medicare is the federal program for people who are 65 and older, people under 65 who are disabled, or people of any age who have End Stage Renal Disease (ESRD). Medicaid is a state-run program for people who have limited income and/or belong to a specific population group, such as pregnant women, individuals with disabilities, and the elderly. Some people are dually eligible, which means they qualify for both programs at the same time. The term dual eligibility means the same thing as "dually eligible."



Medicaid: Did You Know?

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

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

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

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

Audience Poll #5

**How are you sharing tools, resources, and information with clients?
(Check all that apply.)**

- During in-person appointments
- During virtual appointments
- Via email or text follow-up
- Other (chat in your response)

Audience Poll #6

**What type of resource would be most useful to give to your clients?
(Check all that apply.)**

- Printable PDF fact sheet
- Palm card, brochure, or half sheet print-out
- Online fact sheet or FAQ
- Other (chat in your response)

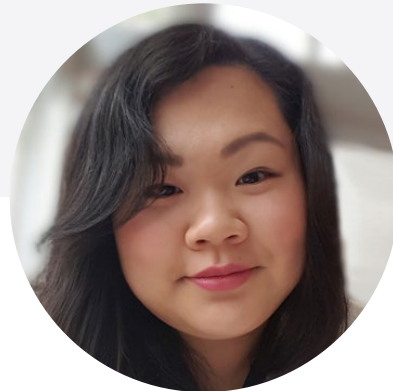
Q&A Panelists

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**Anne
Callachan**



BRIDGE Team
Project Manager,
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Join us for Part 3!

- Medicare-Medicaid Dual Eligibility for RWHAP Clients (Mar 27 @ 3PM ET)
 - Dual eligibility fundamentals
 - Billing and financial help
 - Enrollment challenges and best practices
 - Enrollment support and resources



targethiv.org/ace/webinars

Thank you.



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

Contact us at acetacenter@jsi.com