



VIRTUAL
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RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

The Basics of Medicare for Ryan White HIV/AIDS (RWHAP) Clients

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Today's presenters



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Session agenda

1. Access, Care, and Engagement Technical Assistance (ACE TA) Center overview
2. The changing demographics of RWHAP clients
3. Medicare eligibility and coverage options
4. Medicare enrollment process and common challenges
5. Medicare resources from the ACE TA Center



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.

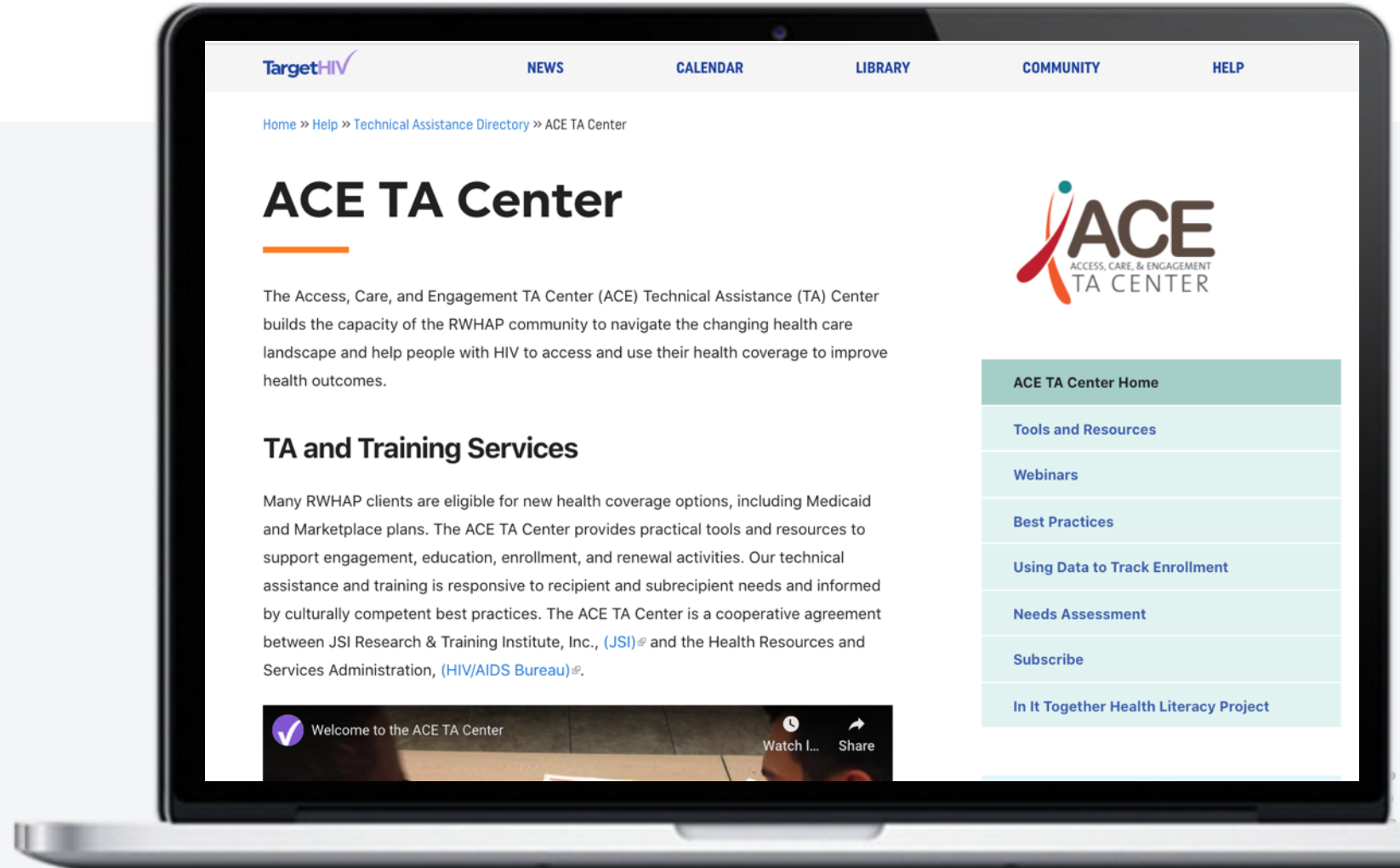


Improve the clarity

of their communication around health care access and health insurance.

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The changing demographics of RWHAP clients

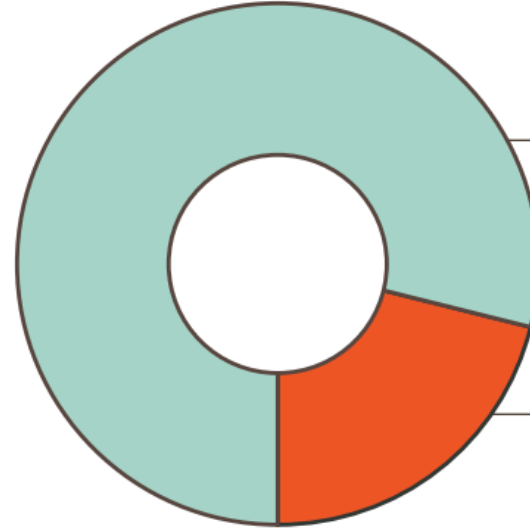


More and more RWHAP clients are aging into Medicare

- 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.

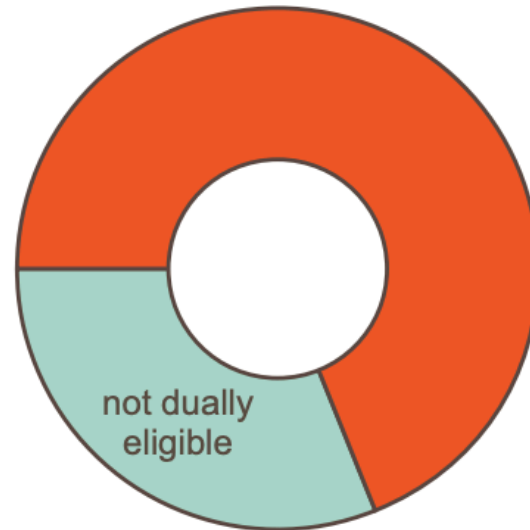
Sources: Kaiser Family Foundation, 2016; HRSA HIV/AIDS Bureau, 2018.

Medicare beneficiaries 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

Medicare eligibility and coverage options



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).

Pathways:

- **Age 65 or older:** Must have 40 quarters of work credits to qualify for certain parts of Medicare (Part A) without paying a monthly premium.
- **Under 65 with qualifying disability:** Individuals must qualify for Social Security Disability Insurance (SSDI) and have received SSDI payments for at least 24 months.
- **End stage renal disease**

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)**.
- Most people qualify for premium-free Part A. Part B requires a monthly premium.
- 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 gaps in 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.
- Administered by private insurance companies that contract with the government and may provide extra services, such as vision or dental.

Comparing coverage and costs

The RWHAP, including its AIDS Drug Assistance Program (ADAP), may help pay for Medicare premiums, deductibles, and copayments.

Original Medicare

- Some people have to pay a monthly **premium** for Part A. Everyone pays a premium for Part B, and there is a **late enrollment penalty** for Part B.
- Medicare prescription drug plans (Part D) have separate monthly premiums and may have a drug deductible.

Medicare Advantage

- Plans may or may not require a monthly premium. All plans have copays or coinsurance.
- 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.
- May be a better option for clients with less complex medical needs.

Two ways to get Medicare prescription drug coverage



Purchasing

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



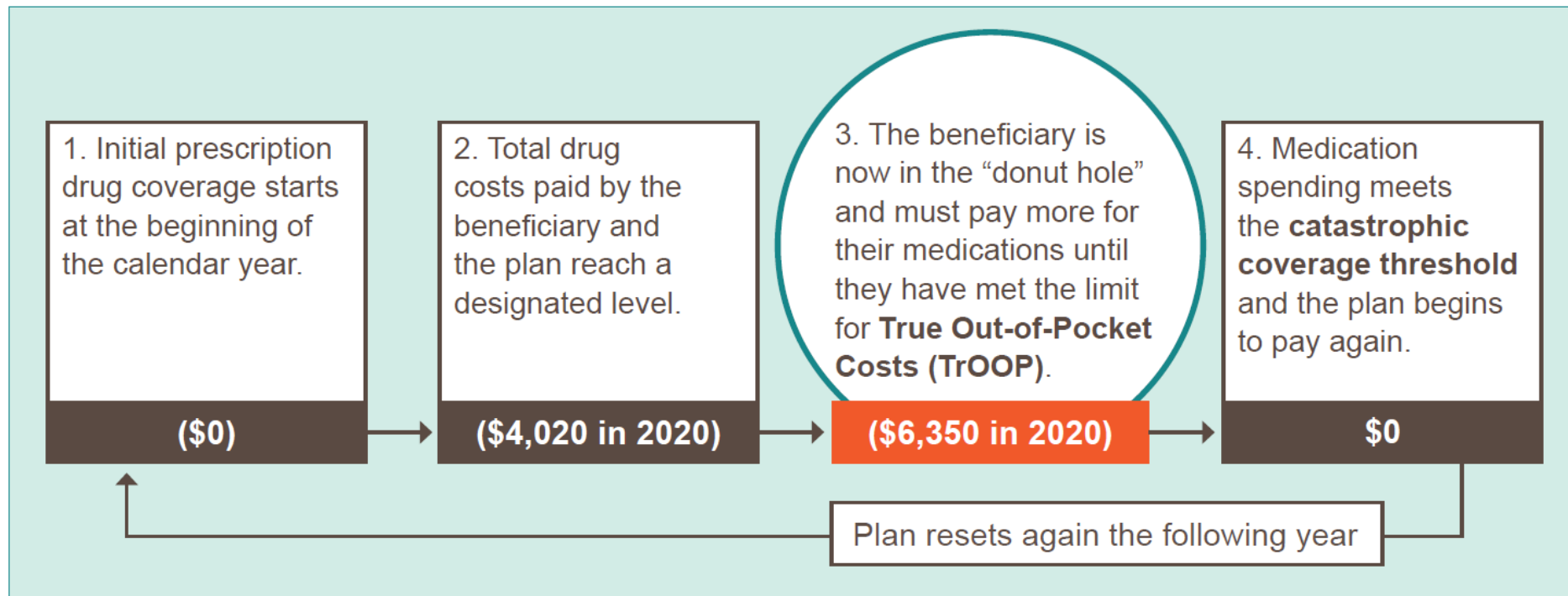
Enrolling

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/Low Income Subsidy Program, they will have a monthly Part D premium.

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.



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.
- Receive low-income subsidies under Medicare Part D.

The Medicare enrollment process and common challenges





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.



Special Enrollment Period (SEP)

For people transferring from employer coverage at other ages

- People covered by employer insurance (their own, a spouse's, etc.) may NOT be 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.**

Enrolling in or Changing Medicare plans after enrollment

Medicare Open Enrollment Period: October 15 – December 7

- Clients can newly enroll in a Medicare Advantage or Part D plan or change their Medicare Advantage or Part D plan coverage (January 1 effective date). They can also return to Original Medicare.

Medicare Advantage Open Enrollment Period: January 1 – March 31

- Clients can change from one Medicare Advantage plan to a different plan or switch back to Original Medicare.

Late enrollment penalties for Medicare Parts B and D

- If clients do not sign up for **Medicare Part B (medical coverage)** during their Initial Enrollment Period (and do not have employer coverage), they will be subject to a late enrollment surcharge:
 - 10% of standard Part B premium for each 12 months of the delay.
 - This penalty continues forever.
- Original Medicare enrollees who opt out of **Part D drug coverage** when they are first eligible will likely have to pay a late enrollment penalty when they do enroll (unless they had other creditable prescription drug coverage).
 - This penalty is significantly smaller than Part B penalty.

Common Medicare enrollment challenges

- **Deferring enrollment for Medicare Part A and/or B** when clients first become eligible:
 - This can lead to late enrollment penalties and/or a gap in coverage.
 - If you have clients with **employer-sponsored coverage**, make sure they work with their employer's Human Resources department before deciding to defer Medicare enrollment.
- Transitioning from **Marketplace to Medicare coverage**:
 - Clients who are Medicare-eligible will likely lose eligibility to enroll in or continue Marketplace coverage.

Support one-on-one Medicare enrollment assistance

- **State Health Insurance Assistance Programs (SHIPs)** provide free, one-on-one insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.
- **RWHAP and ADAP program staff are ideal SHIP counselors** because they understand the eligibility requirements for both programs and the coverage needs of people with HIV.
 - *Consider having a staff person trained as a SHIP counselor.*
- **SHIP locator:**
<https://www.shiptacenter.org/>

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.

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

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

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+ (83% 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

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. 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. This 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.

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 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?

ACE TA CENTER MEDICARE TOOL

How Medicare Enrollment Works

Enrolling in Medicare Based on 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.

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
- 100 Medicare Part D: Prescription drug coverage

Thank you.



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Contact us:

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