

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

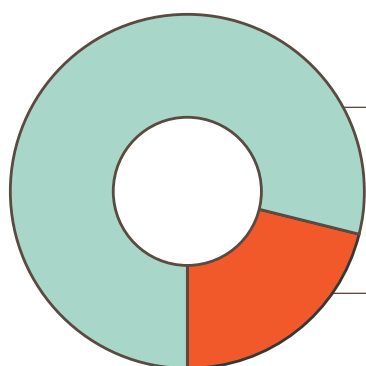
Medicare is the federal health coverage program for people who are 65 or older and certain younger people with disabilities.<sup>1</sup> Medicare is now the single largest source of federal funding for HIV/AIDS care in the U.S. Approximately one quarter of people with HIV who are in care get their health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

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+**

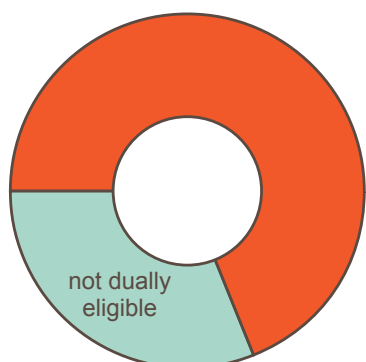
**Of the more than half a million clients served by the RWHAP, 44.4 percent are aged 50 years and older.<sup>4</sup>**

## Medicare Beneficiaries Living with HIV<sup>3</sup>



**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

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](http://www.ssa.gov/planners/disability)

# Medicare Eligibility for People with HIV

To enroll in Medicare, an individual must be a U.S. citizen or a legal resident for at least five years. There are three primary ways that people with HIV may qualify for Medicare.<sup>6</sup>

## 1. Aged 65 or older

Individuals must be at least 65 years old and have **40 quarters of work credits** to qualify for certain parts of Medicare without paying a monthly premium. People earn work credits when they work in a job and pay Social Security taxes.<sup>7</sup> Individuals can earn up to four credits each year. The amount needed for a work credit changes from year to year.<sup>8</sup>

## 2. Under age 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 may qualify when they have either a serious HIV-related condition, a qualifying CD4 count, repeated hospitalizations, or “repeated manifestations” of HIV that result in functional limitations.<sup>9</sup> 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.

## 3. Have End-Stage Renal Disease (ESRD)

Individuals with ESRD can qualify for Medicare even if they are under age 65 and do not have a qualifying disability. HIV, and some of its treatments, is associated with renal complications, including ESRD. ESRD Medicare eligibility is based on the timeframe for beginning dialysis.

The HRSA HIV/AIDS Bureau (HAB) expects that RWHAP recipients and subrecipients will make every reasonable effort to ensure all uninsured clients are assessed for all options in both public (e.g., Medicare and Medicaid) and private health care coverage. See **HRSA HAB Policy Clarification Notice (PCN) #18-01** for additional detail.



Use this CMS calculator with your clients to determine Medicare eligibility: [www.medicare.gov/eligibilitypremiumcalc/#eligibility](https://www.medicare.gov/eligibilitypremiumcalc/#eligibility)

## Breaking Down the Different Parts of Medicare<sup>5</sup>



### 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

**While there are multiple parts of Medicare, clients only enroll in one of two ways.**

This table compares the two main Medicare enrollment options.

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

\* Table adapted from <https://www.medicare.gov/sites/default/files/2018-11/10050-Medicare-and-You.pdf>

## Medicare Supplemental Insurance (Medigap) Policies

While Original Medicare pays for most of the cost of covered services and supplies, supplemental insurance, or “Medigap” policies, can help cover the remaining costs of Medicare Parts A and B coverage, such as copays and deductibles.

- Medigap policies are sold by private companies.
- Policies are standardized by state and federal law and must be clearly identified to consumers as “Medicare Supplement Insurance.”
- A person must have Medicare Parts A and B (Original Medicare) to enroll in a Medigap policy; they cannot be enrolled in both Medicare Advantage and a Medigap policy.
- Medigap policies do not cover copays, co-insurance, deductibles for Medicare Part D prescription drug coverage.

**Most RWHAP programs recommend that clients enroll in Original Medicare,** though this decision depends on the Medicare Advantage market in your area. It is important to review the Medicare Advantage plans available in your jurisdiction to determine if they are a good option for your clients.




*Note that in most cases, individuals who qualify for Medicare because they have End-Stage Renal Disease cannot join a Medicare Advantage Plan.<sup>10</sup>*

**Clients can choose their preferred coverage option when they first enroll in Medicare and during certain times of the year.** See our How Medicare Enrollment Works fact sheet for more information.

**If a client does not qualify for a Medigap plan,** the RWHAP, including its AIDS Drug Assistance Program (ADAP), may be able to help pay copays and deductibles. See **HRSA HAB (PCN) #18-01** for additional information regarding the use of RWHAP funds for Medicare costs.

# Comparing Coverage and Costs

Original Medicare and Medicare Advantage plans differ in terms of coverage and costs.<sup>11</sup>

Original Medicare  	Medicare Advantage 
<b>COVERAGE AND DOCTORS</b>	<b>COVERAGE AND DOCTORS</b>
<ul style="list-style-type: none"> <li>▪ Covers medical services and supplies in hospitals, doctors' offices, and other health care settings</li> <li>▪ Enrollees can go to any doctor that accepts Medicare</li> <li>▪ In most cases, enrollees don't need to get prior approval for services or a referral to see a specialist</li> </ul>	<ul style="list-style-type: none"> <li>▪ Covers all of the services that Original Medicare covers</li> <li>▪ Prescription drug coverage is included in most plans</li> <li>▪ Permitted to implement step therapy to manage drug coverage</li> <li>▪ Some plans offer extra benefits that Original Medicare doesn't cover—like vision, hearing, or dental</li> <li>▪ In most cases, enrollees will need to use doctors who are in the plan's network (for non-urgent care)</li> <li>▪ They may need to get services approved ahead of time or get a referral to see a specialist</li> </ul>
<b>COSTS</b>	<b>COSTS</b>
<p><b>Premiums</b></p> <ul style="list-style-type: none"> <li>▪ Part A coverage does not require a monthly premium for most people.</li> <li>▪ Part B coverage does require a monthly premium. For people who qualify based on disability, the Medicare Part B premium is deducted directly from their monthly SSDI check, which makes it very difficult for RWHAP recipients to pay the premium on behalf of clients.</li> <li>▪ Part D prescription drug coverage requires a separate premium.</li> </ul> <p><b>Other out-of-pocket costs</b></p> <ul style="list-style-type: none"> <li>▪ For Part B-covered medical services, enrollees usually pay 20% of the Medicare-approved amount after they meet their deductible. Enrollees can purchase Medigap policies to help with these costs, and in some states, the RWHAP is also able to help.</li> <li>▪ There's no yearly limit on what you pay out-of-pocket.</li> </ul>	<p><b>Premiums</b></p> <ul style="list-style-type: none"> <li>▪ Enrollees may pay a monthly premium for the plan (most include prescription drug coverage) and a premium for Part B.</li> <li>▪ Some plans have no premium or will help pay all or part of the Part B premium.</li> <li>▪ Plans have a yearly limit on out-of-pocket costs for Medicare Part A and B covered services.</li> <li>▪ You can't buy or use separate supplemental coverage—but some plans have lower out-of-pocket costs than Original Medicare.</li> </ul>

# Dual Eligibility for Medicaid and Medicare

The majority of Medicare beneficiaries with HIV are eligible for both Medicare and Medicaid. This is known as **dual eligibility**. Most people who are enrolled in ADAP and Medicaid eventually transition into Medicare, either by aging in at age 65 or qualifying before age 65 due to disability or End-Stage Renal Disease status.

For dual-eligible beneficiaries, **Medicare** pays covered medical services first because Medicaid is generally the payer of last resort. Medicaid may cover medical costs that Medicare cannot cover or partially covers.

**Medicare and Medicaid dual-eligible benefits** vary by state. Some states offer Medicaid through managed care plans, while other states provide fee-for-service coverage. Some states provide certain dual-eligible beneficiary plans called Medicare Special Needs Plans (SNPs) that include all Medicare and Medicaid benefits. SNPs are run by private companies that the federal government pays to administer Medicare benefits. Like all Medicare Advantage Plans, SNPs must provide the same benefits, rights, and protections as Medicare, but they may do so with different rules, restrictions, and costs. Some SNPs offer additional benefits, such as vision and hearing care.

Medicare enrollees who have limited income and resources may get help paying for their Medicare premiums and out-of-pocket medical expenses from Medicaid through the **Medicare Savings Program (MSP)**.

## Supporting Clients to Enroll in Medicare

Ensuring continuous access to HIV medications and medical care is essential for people with HIV. Before enrolling in Original Medicare or a Medicare Advantage plan, RWHAP case managers can help clients to:

1. **Confirm that their current providers accept Medicare.**  
The Medicare website features a search tool to find Medicare physicians: [www.medicare.gov/physiciancompare](https://www.medicare.gov/physiciancompare).
2. **Compare Medicare drug plans** in their area and choose one that covers their HIV medications and other medications. Check with your state or local RWHAP Program/ADAP to see if they recommend a drug plan.

## How to Enroll in Medicare

Some people get Medicare Part A and Medicare Part B automatically (e.g., someone already receiving Social Security retirement benefits or SSDI) and other people have to sign up for it (e.g., someone who is still working at age 65 and not receiving Social Security retirement benefits).

- People that are automatically enrolled will get their Medicare card in the mail 3 months before their 65th birthday or their 25th month of disability.
- People that do not get Medicare automatically will need to apply for Medicare online: [www.ssa.gov/medicare](https://www.ssa.gov/medicare).



Learn more about the **Medicare Savings Program**:  
[www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs](https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs)

### Local One-on-One Medicare Enrollment Resources

The **State Health Insurance Assistance Programs (SHIPs)** provide free, local insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers. The program may have a different name in your state.

Use the **SHIP locator** at [www.shiptacenter.org](https://www.shiptacenter.org) to find a program in your area, or call 1-877-839-2675.

# How the RWHAP Helps Clients with Medicare Costs

The RWHAP can help eligible Medicare beneficiaries with health coverage expenses. The RWHAP, Medicaid, and other payers may also provide additional services, such as case management and transportation assistance, that Medicare does not provide.





According to **HRSA HAB PCN #18-01**, RWHAP funds may be used to pay for Medicare premiums and cost sharing associated with **Medicare Parts B, C, and D** coverage when doing so is determined to be cost effective and coverage includes:<sup>12</sup>

- 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

**See our other fact sheets for additional information about Medicare:**

- Medicare Prescription Drug Coverage for RWHAP Clients
- How Medicare Enrollment Works

## Allowable Medicare Costs in the RWHAP (from PCN #18-01)

Medicare Part	RWHAP Funds
Medicare Part A 	Must not be used by any RWHAP recipient to pay premiums or cost sharing. <i>Note: Most people don't have to pay a premium for Medicare Part A.</i>
Medicare Part B 	May be used by all RWHAP recipients to pay premiums and/or cost sharing in conjunction with paying for Medicare Part D premiums or cost sharing.
Medicare Part C 	May be used by all RWHAP recipients to pay premiums and/or cost sharing when the Medicare Part C plan includes prescription drug coverage; or in conjunction with paying for Medicare Part D premiums and cost sharing for plans that do not include prescription drug coverage.
Medicare Part D 	May be used by RWHAP Part A, B, C, and D recipients to pay premiums or cost sharing in conjunction with paying Medicare Part B or Medicare Part C premiums or cost sharing. May be used by RWHAP ADAP recipients to pay Medicare Part D premiums and cost sharing when cost effective versus paying for the full cost of medications.

Check with your program director to find out which of these costs are covered at your organization.



# References

- 1 <https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare>
- 2 <https://www.kff.org/hiv/aids/fact-sheet/medicare-and-hiv/>
- 3 <https://hab.hrsa.gov/sites/default/files/hab/Publications/factsheets/population-factsheet-older-adults.pdf>
- 4 <https://hab.hrsa.gov/sites/default/files/hab/Publications/factsheets/population-factsheet-older-adults.pdf>
- 5 <https://www.medicare.gov/sites/default/files/2018-11/10050-Medicare-and-You.pdf>
- 6 <https://www.kff.org/hiv/aids/fact-sheet/medicare-and-hiv/>
- 7 <https://www.ssa.gov/pubs/EN-05-10072.pdf>
- 8 <https://www.ssa.gov/planners/disability/qualify.html#anchor1>
- 9 [https://law.duke.edu/healthjustice/hiv\\_listings\\_revisions.pdf](https://law.duke.edu/healthjustice/hiv_listings_revisions.pdf)
- 10 <https://www.medicare.gov/pubs/pdf/11219-understanding-medicare-part-c-d.pdf>
- 11 <https://www.medicare.gov/sites/default/files/2018-11/10050-Medicare-and-You.pdf>
- 12 <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf>



The Access, Care, and Engagement (ACE) TA Center aims to help Ryan White HIV/AIDS Program recipients and subrecipients support their clients, especially people of color, to navigate the health care environment through enrollment in health coverage and improved health literacy. For more information, visit: [www.targethiv.org/ACE](http://www.targethiv.org/ACE)



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